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LECTURES
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MEDICAL JURISPRUDENCE,
NOW IN COURSE OF DELIVERY
AT THE
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BY PROFESSOR A. T. THOMSON.

LECTURE XIX.

PREGNANCY (*concluded*):—*Infanticide. Evidence derivable from the Contents of the Thorax. Contrast of the Fœtal and the Infantile Circulation. Records of Fœtal Respirations and Cries in the Uterus and Vagina. Examination of the Lungs in the Infant; their colour, consistence, magnitude, and weight. Mode of conducting the Hydrostatic Test; Objections to its validity. The Static Test; Objections raised against it. Effects of Putrefaction on the Lungs. Evidence of Respiration afforded by the descent of the Diaphragm, the size and weight of the Liver, the Urinary Bladder, and the Discharge of the Meconium. Summary of Proofs of Infanticide. Farther Remarks on Infanticide from wilful mechanical injuries, twisting of the neck, strangulation, drowning, blows or contusions. Mode of Examining the Body in a case of supposed Infanticide. Cautions in the Inquiry.*

GENTLEMEN:—The first of the positive proofs, that a child found dead under suspicious circumstances was born alive, is drawn from the phenomena of respiration and circulation. The performance of the former, and the changes that consequently take place in the latter, at the commencement and for the continuance of extra-uterine life, are readily detected by an examination of the contents of the thorax. For the right understanding of these changes, however, a knowledge of the fœtal circulation is requisite; but, from the previous studies which you have fulfilled, it is unnecessary for me to enter into any details respecting it. You all know that when the placental blood is brought to the fœtal liver by the umbilical vein, part of it, unmixed, is given to the left lobe of that organ, and another part, after it is mixed with the blood of the vena porta, to the remainder of the organ. The rest is then conveyed, by means of the ductus venosus, to the vena cava, and so to the right auricle, where it is mingled with the blood of the vein. The current then passes directly backwards through the foramen ovale to the left auricle, and from the contraction of the auricles it passes into the ventricles, from the left of which it is driven into the aorta, and from the right into the pulmonary artery; but the ductus arteriosus being of a much greater calibre than the branches of the pulmonary artery going to the lungs, the greater part of the blood of the right ventricle flows, not into the pulmonary branches, but directly into the aorta. The returning blood, after having traversed the ramifactions of the aorta, is partly conveyed back to the right auricle by the vena cava, and partly to the placenta, through the umbilical arteries, which arise from the internal iliacs and terminate in the placenta. In this condition of the fœtal circulation the lungs receive only enough of blood for their nourishment through the small pulmonary arteries. Now, what is the difference in the child which has been born, in this respect? As soon as the lungs expand, in the first efforts of respiration, the pulmonary arteries dilate, and thus, by enabling the blood to pass freely into the lungs, and to be exposed to the action of the inspired air, it is not required to flow through the foramen ovale, for the left auricle is supplied with that which is returned from the lungs, and thus the whole of the blood passing through the heart must pass through the lungs, otherwise it undergoes no change, and is unfit for the purposes of the animal economy. On this account, the ductus arteriosus being no longer required, it also is obliterated. And the process of obliteration, which is begun and is going on in these channels, is so much advanced in a day or two after delivery as to produce a marked distinction in this respect between a fœtus which has been born alive and one born dead. The chief early distinction is in the condition of the lungs, which, it is evident, must be specifi-

cally lighter after birth than before, when they contain no air, and this change occurs at the moment the mouth comes into contact with the air, and, at this time, the connection between the mother and the child ceases, and it becomes an independent, breathing being.

It might be expected that I should say something with respect to uterine respiration, a phenomenon which has been stated to exist, amongst the other prodigies of modern times. The first case was noticed by Bohn; afterwards Bredenoll, Professor Mare, and, lastly, Dr. Holmes, of Montreal, have recorded similar cases. "On the 29th of Nov., 1828," says Dr. Holmes, "I was called to a lady in labour of her sixth child. The fontanelle presented, but no attempt was made to change the position of the head, which continued to descend, until the mouth lay on the pubis, and the examining finger could be introduced into it. The occiput did not yet occupy fully the cavity of the sacrum. At this time I heard sounds like the cries of a child whose mouth was muffled by some covering. They were repeated, and with the greatest distinctness, in a short time, so as to admit no doubt that they proceeded from a child. The mother, much alarmed, inquired the cause of these noises, and begged to be assured that they were not indicative of any danger. The pains being brisk, the head was soon forced down and expelled. The child was a female, and is still (Aug. 1829) alive and thriving." A case of twins, in which the same circumstance is stated to have occurred, is recorded by Bredenoll, who says he heard the second child cry for at least a dozen times. Bernt has mentioned four analogous cases; but the most extraordinary case of the kind is one recorded in the *Dictionnaire de Médecine* by M. Henry, and quoted in the second vol. of the *Encyclopædia of Prac. Med.*, p. 686:—

"A woman having a deformed pelvis, and pregnant for the first time, was in labour on the 10th of October, 1827. M. Jobert was in attendance, and called in M. Henry to his assistance. Having ascertained that the deformity occasioned no obstacle to delivery, M. Henry observes,—'M. Jobert and I thought that it might be necessary to turn the child, but as the head did not appear to be very voluminous we hoped to be able to disengage it by means of the forceps. That instrument was applied, but as soon as M. Jobert commenced the attempts at extraction, the fœtus uttered repeated cries during a dozen seconds, so distinct as to be heard by all the assistants. But as the head remained impacted in the pelvis, notwithstanding the efforts made by the forceps, we were obliged to desist from this attempt.

"Whilst we were discussing the necessity of turning the child these cries were renewed as distinctly as on the former occasion, and in such a manner as could only take place in consequence of repeated inspirations. Finally, when introducing my hand to seize the feet, the moment it passed over the left shoulder, the fœtus for the third time uttered cries, less prolonged than the preceding, yet sufficiently loud to be heard by all present.

"The delivery was completed with much difficulty, and the child did not breathe after its expulsion; but as the pulsations of the heart were pretty strong we tried various means to resuscitate it; among others, insufflation of the lungs. Our attempts were fruitless, for at the end of some minutes the circulation had ceased. I regret that I cannot describe the condition of the lungs, but as insufflation was practised, an examination of them could not have afforded precise and unexceptionable information."

The change effected in the lungs at birth, by the function of respiration, has long been regarded as the means of determining the previous existence of respiration in the body of a fœtus. To determine, therefore, whether an infant which has been found dead was born alive, the lungs are to be examined, after every necessary observation has been made on the surface, and carefully noted down. In making this examination the thoracic cavity is to be opened in the usual way, and the lungs, being removed, are to be examined; then, being wiped dry, they are to be placed on the surface of fresh, soft water, in a vessel at least 12 inches deep. The examination to be made refers to the state of the lungs before they are touched, whether they be collapsed or dilated, and whether they cover the lateral parts of the pericardium; ligatures must then be placed on the aorta and vena cava, near their attachment to the heart. The trachea is next to be removed, close to the bronchi; the vessels are to be cut beyond the ligatures; and the heart and lungs, attached together, are to be removed from the cavity of the thorax, and their colour, consistence, and state, carefully noted.

1. *Colour.*—If the child have never breathed, the lungs are of a dark red, or liver colour, but if respiration have taken place, for however short a space of time, they are of a pale red, or pinkish scarlet. These appearances, however, are obscured when they are gorged with blood, in which case they are of a bluish-red colour. Again, when the lungs of a dead child have been inflated by artificial respiration, the colour is a pale, or gray-red tint. If the respiratory function have been only partially awakened, the anterior portions are generally pale red, and the posterior dark red, whilst patches of scarlet are visible on different parts.

2. *Consistence.*—If breathing have never taken place, little blood will be found in the pulmonary arteries, which, on the contrary, are contracted; but if a child have

breathed for a few moments only, the aperture by which the ductus arteriosus enters the aorta, changes from a circle to an oval; and if the breathing have continued for some minutes the duct loses its cylindrical form and acquires a conical shape, the apex of the cone being towards the aorta; at least that is the most frequent position of the apex: the diameter is diminished, so as to be smaller than that of the trunk, but it is about equal to that of the two branches of the pulmonary artery, which are increased in diameter by the establishment of the pulmonary circulation.

If the child have lived for some hours, and breathed perfectly, the duct resumes the cylindrical form, but it has become shorter, and lessened in diameter to the size of a crow-quill, whilst the two pulmonary branches have enlarged to that of a swan-quill.

These observations, which were made by Professor BERNT, have been confirmed by subsequent observers, especially by M. KILIAN, an important authority on the fœtal anatomy. It is necessary, however, that you should know that Dr. ARROWSMITH has questioned the accuracy of some of them: * thus a diminution of the diameter of the ductus arteriosus is sometimes observed in children still-born; this sign, therefore, cannot be relied upon as a proof that respiration had existed; at the same time Dr. ARROWSMITH admits that the contraction of the extremity of the duct (either aortal or otherwise), though sometimes absent in children who had respired, was never present unless respiration had taken place; so that if the ductus arteriosus have assumed a conical figure, it is a decisive proof that the pulmonary circulation had been carried on, and, consequently, that the child had respired.

3. *Magnitude.*—With respect to the magnitude of the lungs before and after respiration has been established, there are sufficient observations to prove, that before breathing takes place they scarcely fill the cavity of the thorax; that they occupy the posterior part, merely touching the pericardium with their anterior borders. The posterior half only of the diaphragmatic arch is covered by them; the edges of the right, middle, and left upper lobes are thin, and present the appearance of small-pointed or tongue-shaped elongations. In a child that has breathed, however, these organs are found more voluminous, filling the lateral cavities of the thorax, and covering the sides of the pericardium with their anterior borders, whilst their concave surface conceals the whole dome of the diaphragm, and the tongue-like prolongations already alluded to are short and obtuse.

* Encyclopedia of Practical Medicine, vol. ii., p. 690.

4. *Weight of the Lungs.*—The most important point to be established, undoubtedly, in order to form a correct decision with respect to supposed infanticide, is the difference in the weight of the lungs before and after natural respiration. Two methods of determining this point are known; one is denominated the hydrostatic, the other the static, test. As the first has been employed since the time of GALEN, and the other was suggested so late as 1777, by PLOUCQUET, I shall notice the hydrostatic test before describing the nature of the static.

a. Hydrostatic Test.—It was early known that fœtal lungs sank in water, whilst lungs that had respired floated in that fluid. This was regarded of so much importance in deciding on cases of suspected infanticide, that BAGLIVI says,—"Quod signum ad infantancidia detegenda est evidentissimum." But since that writer's time doubts have been raised, and the fallacy of this test, under certain circumstances, has been attempted to be demonstrated. Before noticing these permit me to describe the manner in which the test is employed.

After opening the thorax of the child, the trachea and the large blood vessels must be tied, and the lungs, with the heart, carefully removed from the thorax. The whole are then to be wiped clean with a dry sponge, and placed in the gentlest manner on the water, which should be pure, of a temperature of 60° Fahrenheit, and contained in a glass vessel about fourteen inches deep, and six inches in diameter. If the lungs and heart float, the manner of their floating, namely, whether they float near the surface, or in the middle, or near the bottom of the water, must be noted; and we must also carefully observe whether the lungs turn uppermost. If, on the contrary, the lungs, with the attached heart, sink, we must note whether in sinking they fall rapidly or slowly to the bottom of the jar. The heart is next to be separated from the lungs, having tied the pulmonary vessels, and the lungs alone being placed in the water, great attention must be paid to the position which they assume, and whether they sink rapidly or slowly, or float near the surface; and what effect, in these respects, the reversing their vertical position produces; and it must also be noticed whether one part sinks more than another, for a reason which I will afterwards mention. On separating the lobes you must, also, carefully notice whether one lobe floats and another sinks, for, in the early death of a new-born child, both the lobes are not always equally dilated; and we should note whether it is the right or the left lobe that sinks. On cutting the lungs in pieces, if some portions sink, it is of importance to note down not only to which lung these portions belong, but also from which part of the lobe they were taken.

Such is the mode of conducting what is called the hydrostatic test; and from its simplicity and the accuracy of the principles on which it is founded, one would, *à priori*, imagine that no objections could be raised to the conclusions drawn from it. But this is not the case; and as this is one of those tests to which the attention of counsel is chiefly directed, it is essential that the medical witness should be perfectly aware of the nature of these objections, and be ready to reply to every interrogation respecting them.

The first objection is raised upon the possibility of the lungs swimming in water, although the child be not born alive. In a case detailed in the twenty-sixth volume of the *Edinburgh Medical and Surgical Journal*, the child was extracted by turning, and the destruction of the greater part of the brain, and yet every fragment of the lungs floated. In two other cases mentioned by BERNT, the fœtuses were extracted from the womb after the mother's death, yet many fragments of the lungs floated; but it must be admitted that the entire lungs sank. In such cases the child has been supposed to have breathed, from the mouth presenting at the dilated orifice of the uterus. It has been supposed that air being admitted per vaginam, the infant may breathe in this situation; and obstetricians, as, for instance, BOHN, IDENA, CROEZER, SCHMITT, OSSIANDER, SIEBOLD, and THILENIUS, have even maintained the possibility of a child crying in this position of things; and the case of Mr. HOLMES seems to verify their opinion; but no British obstetrician has met with such instances, and I do not hesitate to say that I doubt whether it ever occurred. I have even some doubts, although not so strong, respecting vaginal respiration, a circumstance in which CAPURON believed.

BOHN, who first maintained the possibility of uterine respiration, in 1770, supposed that, during a protracted and difficult labour, a fœtus may draw in enough of air to suffice for dilatation sufficient to make the lungs float, and yet die during the progress of parturition. The assertion of Dr. WILLIAM HUNTER, confirmed by a case related by Dr. HOSACK, is of a very different stamp, namely, that a child may breathe when the head only is protruded, and yet lose its life before the body is born; and, in this case, if the infant "make," says Dr. HUNTER, "only one gasp, and instantly die, the lungs will swim in water as readily as if it had breathed longer, and had then been strangled." That a child will breathe whilst the head only is protruded, is well known to almost every accoucheur; but I know of few reasons which would act so forcibly, unless violence were employed, as to destroy a child under these circumstances; still, however, it is an objection which may be brought forward to the hydrostatic test. Indeed, a case recorded by Dr. HOSACK, and quoted in Dr. BECK'S *Medical Jurisprudence*, is of this kind. We must admit the possibility of the fact, and although a portion of the lungs may be inflated, and swim in water, yet, if the examination be carefully made, and on separate portions, we shall probably find that the buoyant portion is very limited. This was the cause of the swimming of the fœtal lungs in the case of an infant born of a woman of the name of MARGARET DICKSON, who was hanged at Edinburgh, in 1728, for the supposed murder. It is a singular fact (and it almost appears like the interposition of a merciful Providence), that this poor woman, who was put into a cart after she was hanged, to be taken to her friends at Musselburgh, a fishing village six miles from Edinburgh, was actually resuscitated by the jolting of the cart over a rough road, and survived for many years.

Another objection which has been brought forward, is putrefaction. There can be no doubt that putrid lungs will float, a fact first noticed by HEISTER in 1722, when, from the extrication of much gas, lungs even of the fœtus at six months floated; but it must be recollected that the entire body requires to be in a high state of putrefaction before the lungs can be thus affected, and, therefore, no error can arise from this cause. It must also be remembered, that the lungs resist the putrefactive process much longer than any other organ of the body. It is easy to perceive this condition, by making incisions into them; for if putrefaction have taken place it is obvious by the air bubbles, which form, as it were, strata between the ramifications of the bronchi, visible to the eye, which is not the case in the lungs dilated by respiration. It is easy, also, to determine whether the gas contained in the lungs be the consequence of putrefaction or respiration, by pressing strongly a portion of the lungs, and then placing it in water. If respiration have been exercised in such lungs, the portion thus treated will float; but if the lungs float, owing to contained gas, the consequence of putrefactive decomposition, the portion will sink. HALLER instituted experiments on this subject. He allowed the lungs of a dead-born child to lie seven days in water; they became putrid, and floated; the colour changed to light red, and they became covered with air bubbles. He concluded, therefore, that the putrefaction must be advanced before the lungs will float. JAEGER pointed out the characteristics of a lung that swims because it has breathed, and one that does so from putrefaction. There is no crepitation in a lung under putrefaction; when it is compressed by the fingers, or cut into, the air is forced out, and it sinks; this, consequently, is another circumstance which is likely to prevent an erroneous judgment being formed. MAYER found that lungs of

still-born children, treated as in HALLER's experiment, swelled and floated in eight days; but when transferred to clean water they sank on the least compression. HEISTER also observed, that the lungs of a child which had died in the uterus, floated, both whole and in pieces, yet no insufflation had been practised.

It has been stated by a distinguished obstetrician, M. LECIEUX, that when the child is extracted by the feet, and the pelvis is very narrow, the lungs are apt to float in water, although the fœtus had not respired, and had died during the birth. This he attributed to the lungs suffering contusion, and extravasation of blood taking place, from which bubbles of gas are disengaged, and the portion of lung consequently become specifically lighter.

A third objection to the hydrostatic test has been suggested by Dr. WM. HUNTER, whose great humanity led him anxiously to find out circumstances which might operate to the advantage of women accused of infanticide. Dr. HUNTER imagined that the lungs might be artificially inflated either by the mother herself, or by others who might have "a diabolical intention of bringing about the condemnation of the mother." If the lungs of an infant be thus inflated, there is no doubt that they will float in water; but the arteries are not dilated by this artificial inflation, nor is the weight of the lungs actually augmented, which are the consequences of respiration. There is no reason to believe that such an inflation has been attempted, if the mouth and fauces be filled with linen, if the infant be so enveloped in cloth as to prevent breathing, or if it be buried: there would have been no use, in such conditions of the body, in attempting inflation of the lungs. There is no motive in such cases to proclaim the previous life of the child, the circumstances in which it is found being sufficient.

It must, also, be admitted, that the lungs have occasionally sunk in water, although the infant has lived and respired for several hours after its birth. Many of the most distinguished obstetricians have confirmed this fact from their own experience, and SCHENK relates the case of a child which lived four days, and cried several times, and yet after death the lungs sank in water, a circumstance which has been referred to disease of the lungs of a tuberculous kind, or to a congestion of blood preventing the whole lung from being inflated. OUVRARD mentions a case in which life continued fourteen hours after birth, without respiration, and the lungs sank in water.* I cannot understand this account.

So far as regards diseases in the lungs, CRAANEN proposed a method of obviating the fallacy which they may induce. He recommended that the lobes of the lungs should be cut into small pieces, and thrown into water: if all sank he concluded that the child died in utero, but if even a few fragments only floated, he concluded that the child had survived delivery, or, at least, had respired.

Upon the whole it appears, that the only valid objection to the hydrostatic test, is the possibility that the lungs may have been artificially inflated with air blown into them; and this, as I have already stated, can be detected by the absence of that sanguineous dilatation of the lungs which is the consequence of real respiration. The pulmonary arteries, before respiration has taken place, are in a collapsed state, and dilate after it is established, their branches becoming full of blood, and adding an additional weight to the organ; but no such circumstance follows artificial insufflation. If we adopt CRAANEN's mode of cutting the lobes of the lungs to pieces, and, at the same time, connect the result of their floating or sinking with the condition of the ductus arteriosus and the two branches of the pulmonary artery, we can scarcely fail to arrive at the truth.

Having given you a description of the hydrostatic test, its advantages as affording the means of ascertaining whether a child have been born alive, which has been found dead, and is suspected to have been murdered, and having pointed out to you the objections which have been raised to this test, I have now to bring before you the *static*, and other tests connected with the condition of the lungs.

b. Static Test.—PLOUCQUET having remarked the difference in the condition of the pulmonary artery, in children who are still-born, and those who have respired, justly conceived that a considerable diversity must exist between the relative weight of the lungs and that of the body of the infant, in these cases; and, therefore, in 1777, he proposed this as a test of a child having respired, or been born dead. His experiments were made on three children only; but from these he concluded that the relative weight of the lungs in a still-born child is as 1 to 67 or 70; in a child that has breathed, as 1 to 35, or exactly double the weight. The simplicity, and apparent accuracy, of PLOUCQUET's test attracted great notice, and many were so sanguine as to suppose that the precise weight of the lungs in the fœtus before and after respiration had taken place, might be determined, so that it would be necessary merely to weigh the lungs in order to pronounce that respiration had or had not taken place; and the general principle upon which this test is founded, is undoubtedly correct.

Before respiration has taken place, very little blood passes through the lungs; but after that function has commenced, and the

* American Journal of Med. Science, vol. iv., p. 247.

whole mass of blood has passed through the lungs, it is perfectly obvious that their weight must be augmented. Correct as the general principle appears to be, it is nevertheless true that it admits of many exceptions; and subsequent investigations by SCHMITT, at Vienna, M. CHAUSSIER, in France, and HARTMAN, in Germany, threw some obstacles in the way of PLOUCQUET's test being adopted, except as a proof to verify conclusions already drawn from the hydrostatic test. SCHMITT found that the mean relative weight of the lungs in still-born children is as 1 to 52; CHAUSSIER, as 1 to 49; and HARTMAN, as 1 to 59; SCHMITT, that the mean relative weight in children who had breathed was 1 to 42; CHAUSSIER, as 1 to 39; and HARTMAN, as 1 to 48. Still, it was apparent that the relative weight of the lungs in a child which had respired, was considerably greater than in a still-born fœtus; and although this had been overstated by PLOUCQUET, yet the test was a tolerably good one. Other objections, however, may be raised, of which it is necessary that you should be aware. Thus, a barrister, instucted upon this subject, might inquire, "Whether there is a constant relation between the weight of the body and that of the lungs?" or, whether the smallness of the cavity of the thorax may not occasionally repress the natural growth of the lungs? There is, undoubtedly, much point in these queries; but it may be justly stated, that exceptions of this kind do not militate against a general rule; and that, in every instance, some difference must exist, although not to the extent pointed out, in well-formed children.

Another objection had been raised, on the supposition that a congestion of blood might occur in the fœtal lungs, which would increase their weight, and if they were also artificially inflated, they would swim; and thence there would be no means of distinguishing between them and the lungs of a fœtus which had respired. PLOUCQUET, himself, replied to this objection, and justly remarked that no congestion of this kind can possibly occur whilst the foramen ovale and ductus arteriosus remain pervious; thence that it could not exist in the fœtus. It is, indeed, difficult to conceive how such a congestion could occur whilst the foramen ovale and ductus arteriosus remain pervious. The most probable opinion is, that the blood, flowing from the mother to the fœtus, is divided into two equal parts, in order to pass through those inlets to the cavities of the heart; and, if this be correct, how can congestion ever occur in the fœtal lungs? With regard to the artificial inflation of the lungs of a still-born child, it is true that lungs so inflated will swim; but it is equally true, that no inflation after the death of a child can fill the ramifications of the pulmonary vessels with blood; and thence, although the lungs may swim, yet they will be found to weigh less than the lungs of a child of the same weight who has respired.

In a case which is mentioned by ROEDERER, a fœtus remained eight hours in the vagina, owing to the constriction of the os uteri: it moved slightly after birth, and then died. The aorta and the heart were found distended with blood; the pleura was red, and highly congested, whilst the vessels of the brain and those of the abdomen were nearly empty, owing to the great determination to the chest; yet in this case the pulmonary artery is presumed to have remained in its usual state, as no mention is made of it,[1] which would not have been the case had it been otherwise, under the examination of so acute an observer. Other cases confirming this observation might be adduced; it is, therefore, probable that the pulmonary arteries, although they may suffer a slight dilatation when the other thoracic vessels are gorged with blood, are never so much dilated as to increase the weight of the lungs in a ratio equal to that produced by respiration.

To ascertain the effect of putrefaction in falsifying the test of PLOUCQUET, Dr. BECK made several trials both in cases in which no putrefaction had taken place, and in some in which it had occurred. In two cases, in which respiration had evidently taken place, he found the relative weight of the lungs as 1 to 35½, and 1 to 37½, approximating very closely to PLOUCQUET's observations. In three cases, in which the putrefaction of the body was advanced, although the lungs were sound, Dr. BECK found the proportions as 1 to 46½, 1 to 29, and 1 to 39 5-7ths, demonstrating that the putrefaction of the body has a considerable influence in modifying the relative weight of the lungs, and, consequently, in rendering PLOUCQUET's test fallacious; and in employing it to verify conclusions drawn from the hydrostatic test, it is necessary to inquire accurately into the state of the body.

If putrefaction have taken place before the body be examined, no confidence can be placed in the static test, the "docimasia pulmonaris," as it is termed. In ordinary cases it may be resorted to as one of the various tests, on the general accordance of which our decision is to be founded; it is of little value as an isolated test, but of considerable value when confirmative of the results of other tests. But if the relative weight be a fallacious test, the absolute weight, which has been proposed, must be still more so. In 24 still-born children, BERNT found the greatest weight of the lungs 993 grains, and the medium 550 grains. SCHMIDT says, that when the lungs, naturally formed and healthy, weigh 1000 grains, and float, insufflation cannot be its cause; the child must have lived, and even if the weight exceed 550 grains the same inference is a probable presumption.

c. The Descent of the Diaphragm.—This has also been regarded as demonstrating the previous existence of respiration, and it is so far true that to one accustomed to the examination of the bodies of children it must be very obvious, and may aid, greatly, in confirming the results of the other tests; but as it is not so obvious as to be easily recognized by one unaccustomed to dissection, it can only be regarded as a secondary test. One more likely to prove useful is grounded upon the relative size of the liver before and after respiration had taken place. In the fœtus before birth, the liver fills the whole of the left hypochondrium, and the greatest part of the umbilical region; but when respiration occurs the size of the liver is greatly diminished. Now, it is easy to account for this change, since it is evident that, if the lungs enlarge by respiration, and the diaphragm descend, the pressure upon the liver must be sufficient to diminish its capacity, and press out much of the mild, viscid bile which fills its ducts before birth. Before birth, also, the liver receives a large supply of blood, but as soon as the respiratory circulation is established the change necessarily diminishes the size of the liver, a smaller quantity of blood being sent through it, and this, added to the pressure from the permanent dilatation of the lungs, and the descent of the diaphragm, certainly affords a test on which some reliance may be placed, in conjunction with other tests; but if taken alone it is, at best, an uncertain diagnostic sign. Dr. Beck has proposed to weigh the liver, that by a comparison of its weight with that of a child who had respired, some support might be afforded by this means to the docimasic test. Thus, if the lungs were found of the proper weight, and the liver diminished in weight, he thinks there could be no doubt that the child had respired; but if the liver were still as heavy as in the still-born fœtus, although the lungs were inflated, and floated on water. there would be then, according to Dr. Beck, reason for suspecting that inflation had been artificially produced. But Orfila, from subsequent experiments, has ascertained that no confidence can be reposed on the relative weight of the liver, as he found it, in some still-born children, to weigh considerably less than in children who had fully respired.

It has been stated, that the empty or full state of the urinary bladder, and the discharge of meconium, are also circumstances which indicate the vitality of the fœtus at birth, or of its having been still-born; but both these conditions are of a doubtful character. In many instances, the bladder of urine has been found empty in a child who has never respired; and with respect to the discharge of meconium, we have not only the authority of Dr. Denman that it occasionally happens before birth, but, in a fœtus of only six and a half months' gestation, which I exhibited to the Class two sessions ago, the meconium was already discharged, although the fœtus was extracted from the dead mother.

Upon the whole, on a retrospect of all the tests, it is evident that none of them should be individually relied upon, although, from the combination of several, the most correct decision may be obtained.

On opening an infant, supposed to have been murdered, the chief objects to attend to are the characters of the lungs; if these be liver-brown, of a fleshy, compact structure, with no cells on the surface, yielding no crepitation, nor air bubbles; if, when pressed beneath the surface of water, they sink, either in mass or cut into fragments, and actually weigh less than 500 grains; if they occupy the posterior portion only of the thorax, merely touching the pericardium with their anterior borders, and covering only half the dome of the diaphragm; if the edges of the right, left, and middle upper lobes be thin, and tongue-shaped; if the ductus arteriosus be cylindrical, of equal diameter with the pulmonary artery, and twice or three times that of the pulmonary branches; and, lastly, if the diaphragm rise high in the thorax, and the liver fill the whole of the left hypochondrium and the umbilical region,—we may confidently assert that the child has been still-born, or has never breathed. But if, on the contrary, we find the lungs of a pale pink-red, with numerous streaks of scarlet on the anterior portion, and only dark-red on the posterior; if the lungs completely fill the lateral cavities of the thorax, cover the sides of the pericardium, and the whole dome of the diaphragm; if their edges be obtuse and rounded; if groups of isolated cells, distended with air, are obvious to the eye; in their substance, if they crepitate audibly when cut, and yield bubbles of air when pressed under water; if the weight of the lungs exceed 1000 grains, and nevertheless, they float, whole or in fragments; and if the ductus arteriosus be short or conical, or much compressed, and as small in diameter as the branches of the pulmonary artery; finally, if the diaphragm have descended into the abdomen, and the liver do not wholly fill the right hypochondrium and the umbilical region,—then we may as confidently conclude that the child has been born alive, or has breathed.

I have already mentioned, that infanticide may be traced either to *omission* or *commission*, and I have stated instances of both. Among other mechanical injuries constituting acts of commission which have been inflicted in the process of delivery, we must not overlook the *fracture*, or rather, *luxation*, of the cervical vertebræ, which may be produced by forcibly twisting the head of the infant, and thus injuring the spinal marrow. When death results from such a cause, we must

look for blood effused amongst the cervical muscles; and not unfrequently there is fracture of the first and the second vertebræ, and the ligaments are either much stretched or forcibly ruptured. It may, however, be suggested, that such a state can be produced by a violent twisting of the head of a still-born child, by any designing individual who may have a spite against the mother, and desire to bring her life into jeopardy. But such an opinion is easily refuted; for although luxation and fracture of the vertebræ can be caused by twisting the neck, violently, after death, yet, in that case the effusions and ecchymosis of which I have spoken will not be present.

If the death have been the effect of strangulation, besides the livid mark of a cord round the neck, the face will be found livid, the tongue swollen and protruded, and the mouth frothy. This mode of death is distinguished from that caused by the umbilical cord twisted round the neck, by the puckering, or the abrasion, of the skin, which attends strangulation by a string, or rope, or ribbon, but which is never seen when the umbilical cord has been the strangulating agent. Not unfrequently, also, when strangulation has been effected, injuries of the tracheal cartilages and the vertebræ are found. If no string, or other agent of that kind, have been used, but the fingers only have been employed, the impressions of their points are generally distinctly perceptible on each side of the trachea; and on the neck ecchymoses, from the pinching of the fingers, are apparent, and increase in distinctness from the back of the neck forwards.

Instances of infanticide by drowning are not uncommon. In that case the only difficulty is to distinguish accurately between real drowning and the effect of submersing the body after strangulation, or from some other means taken to destroy the life of the infant. If the child were thrown alive into the water, the same struggling, the same buoyancy, and the same symptoms which I shall soon have to describe to you, as occurring in the adult who is drowning, take place the infant. But, in general, the child is held down in the water until life be extinct, which seldom requires more than two or three minutes; suffocation takes place, and the surface of the body, although sometimes pale, is commonly of a purplish hue. Post-mortem examination of the body displays the right side of the heart, and the large vessels connected with it, gorged with blood, while the left side is often nearly empty. The pulmonary artery is turgid with black blood, and the bronchial tubes contain a certain quantity of frothy, aqueous fluid. This might lead us to suppose that the diaphragm would rise into the thoracic cavity, but the contrary is the case; the diaphragm is depressed into the abdomen; and this constitutes one of the most marked distinctions between drowning whilst alive, and mere submersion in water after death. Another marked diagnostic sign is taken from the state of the blood, which is permanently fluid in a person who has been drowned, but is in a coagulable state if the person have died before being submersed in the water in which the body is found. The brain in those who are drowned presents a dull-red hue on the surface, but the vessels are not so much gorged as in death from strangulation, neither is there any extravasation of blood, there being no obstruction to the return of the blood in the case of drowning, the suffocation arising solely from the want of the oxidizement of the circulating fluid. Many of the signs of drowning, however, are similar to those arising from other causes, and, therefore, you should be prepared to meet every difficulty which may be advanced by counsel, and be able to state those signs which are the most conclusive in deciding that drowning has been the cause of death in an infant found in water. One of these is the protrusion of the diaphragm into the abdomen; and a third, provided the two former be present, is the fluidity of the blood. With respect to the latter, I say, it can be admitted only if the former be present, because the blood also remains fluid in cases of death from the influence of some narcotic poisons, and of unrespirable gases in which the infant may have been immersed. It is necessary, however, to remark, that putrefaction renders these signs fallacious.

With regard to blows or contusions, it has been demonstrated that some hours after death blows produce the same appearances as those which are given during life. In both cases, the lividity arises from affusion of a thin layer of the fluid part of the blood on the outer surface of the true skin, and into the stratum of the true skin itself; and dark fluid blood is effused into the subcutaneous cellular tissue, which is the seat of the discolourations, so as to blacken or redden the membranous partitions of the adipose cells, but this is never extensive. The time in which this may be produced varies with the time that elapses before the body cools and the joints stiffen; sometimes they can scarcely be produced two hours after death, on other occasions they display themselves when the blows are inflicted three hours and a half after death: Dr. CHRISTISON regards this as the extreme period. No evidence, therefore, can be obtained of a satisfactory nature in such cases.

It now only remains to notice the method of examining the body in case of supposed infanticide. The object in this examination is chiefly to ascertain, whether or not respiration had been effected? Whether the child had breathed after it was completely born?

Whether it had died from strangulation, drowning, suffocation from unrespirable gases, or other means? Or, from blows or wounds? With these in view, the examination and dissection is to be thus conducted.

After careful external examination, note down every unusual appearance; particularly whether putrefaction have taken place, and to what extent it has proceeded, so as to determine the probable period of the death of the child; and how this can be reconciled with the period of the supposed murder. Whether the death have occurred in utero, or after birth? If after birth, whether the inspection of the body can throw any light upon the manner, or the cause, of death? Having made and noted such appearances, we are next to proceed to open the body, and in doing so we must examine, first, the cavities, in rotation, beginning with the mouth. The first step of the dissection should be an incision beginning at the lower lip, and terminating at the sternum; and a tranverse incision along the lower edge of the lower jaw, which, after the integuments are dissected back, is to be divided at its symphysis, the two portions separated, and the head bent back, so as to obtain a complete view of the interior of the mouth and the fauces. The position of the tongue, in particular, must be examined, and noted; and whether any foreign matters are found in the mouth. We must next lay open the trachea through its whole length, beginning at the larynx; if more fluid than natural be found in it, that must be noted, both as regards its quantity and its quality, whether frothy or otherwise. We must also note, whether the bronchi be loaded with tenacious mucus, and if blood be mixed with it; as any of these circumstances will afford strong presumptive grounds for suspecting that either drowning, or some other means of suffocation, have been the cause of death. At the same time, new-born children are subject to epileptic fits, which cause much frothy mucus to be present in the mouth; but this, rarely or never, extends to the trachea. The frothy mucus in the trachea indicates little, if putrefaction have taken place; thence the great importance of carefully noting the appearance and condition of the body previous to dissection. The contents of the pharynx must also be noticed, and the excised part put into pure distilled water, in order to extract afterwards, by boiling, any matter capable of being tested. The cavity of the thorax is then to be examined; and, to expose this, the scissors are to be used in preference to the scalpel, in dividing the cartilages of the ribs, so as to remove the sternum, after the integuments have been divided and dissected back. The state of the lungs is next to be noted, particularly whether they fill the cavity of the chest, and cover the diaphragmatic dome, or are compressed; and whether the diaphragm be pushed up, or have descended into the abdomen. The trachea is to be divided as near as possible to the lungs; the large vessels, both aorta and vena cava, are to be tied with two ligatures, and cut between these, so that the lungs may be removed from the body and weighed, and submitted to the hydrostatic test. The condition of the cavities of the heart, whether the foramen ovale be open, or the ductus arteriosus contain blood, and its contracted, or open state, are next to be examined, and particular attention is to be paid to the state of the pulmonary artery.

Proceeding from the thorax to the abdomen, this must be exposed by the usual incisions, so as to form a triangular flap at the lower part, which may be turned down, to permit the umbilical vessels to be examined. If these vessels and the sinus of the vena porta be found completely exsanguine, suspicions of hæmorrhage having been the cause of death will be greatly strengthened, provided the quantity of blood in the body do not exceed three ounces. Every discolouration of the abdominal viscera must be accurately noted down, with the appearance of the liver and the ductus venosus, previous to opening any of the viscera. After tying all the vessels connected with the liver, this should be removed, and weighed. The stomach must next be opened, and the œsophagus should be slit up, and examined. Should the stomach contain much water, although this may not be an essential consequence in drowning, yet it strengthens the suspicion of that event, as it could only get there by deglutition, and that could only occur by submersion during life; but the appearance of fluid in the bronchi is no proof of death by submersion, as fluids will pass readily enough into these passages, if the body be thrown into the water after death. Little satisfaction can be obtained from examining the intestinal canal, unless we suspect that poison have been administered; but the empty or the full state of the urinary bladder should be carefully noted.

The examination of the head requires every attention; and young anatomists and practitioners frequently defeat the object of their investigations, from want of delicacy in managing this part of the dissection.

After having ascertained that it displays no external bruises but what may have occurred in a severe labour, that no ecchymosed spots proceed from punctures, and that the bones are free from fractures and depressions, we are to make a longitudinal incision through the integuments, beginning at the lower part of the forehead, and terminating at the second or third cervical vertebra, and then a transverse incision, at right angles to the other, from ear to ear, so that by dissecting back the integuments the whole of the cranium may be exposed. The bones are next to be carefully removed by the aid of the scissors and the handle of the scalpel, having

previously noted the appearances on the interior of the scalp; and the utmost care must be taken to prevent laceration in this part of the dissection. The anatomist must now examine the state of the dura mater, whether it be red or inflamed; and if so, whether these spots of redness correspond with bruises on the surface of the integuments, as a strong proof of criminal violence may be drawn from such a correspondence. He must, also, carefully notice whether any bloody serum be effused under the dura mater. A deep red and inflamed appearance of the cortical substance of the brain, also with ecchymosis of the scalp, is a strong proof against the accused. The last step of the examination is, to ascertain the state of the spinal column and its contents; and this is best effected by the use of the circular saw and a pair of sharp bone-nippers, by the aid of which the spinous portions of all the vertebræ may be removed, and the whole medullary column laid bare. In making this examination, it is necessary to put down every thing on paper, and to trust nothing to memory.

It may seem strange to recommend to you, Gentlemen, the necessity, in making these examinations, to be certain that the child you are dissecting is that which should be examined; but mistakes of this kind have occurred. An inquest was held on the body of a child supposed to have been murdered. A surgeon examined the body two days after delivery, and declared that there were no marks of violence upon it, and that it was in such a state of putrefaction as rendered an internal inspection useless and unnecessary. The jury were on the point of returning their verdict, "found dead," withoutsurveying the body, when the coroner reminded them of this part of their duty. On proceeding to view the body, they discovered that the body which had been examined by the surgeon, was that of a child who died five or six days before in the workhouse, not the body of the infant supposed to have been murdered.*

To conclude this subject, I may remark, that whilst we feel a just abhorrence of a crime which presupposes the obliteration of the best feelings of our nature, and which, if slightly punished when confirmed, would lead to the most awful consequences, we must always bear in recollection the state of mind of a young female reduced to the temptation of committing such a crime as infanticide for the sake of character; and we must also recollect, that this state has probably been the result of the arts of a base seducer; and although we cannot palliate the crime, yet that we should be slow to condemn; and certainly never, without the clearest demonstration of guilt, should we place either the character or the life of a woman in jeopardy.

* Morning Chronicle, Nov. 23, 1822.

CLINICAL LECTURES AND REMARKS,

DELIVERED ON

DISEASES OF THE SKIN, VENEREAL DISEASES, AND *SURGICAL CASES*,

AT THE

SKIN INFIRMARY, AND AT THE JERVIS-STREET HOSPITAL, DUBLIN.

By Dr. WALLACE,

SURGEON TO THOSE INSTITUTIONS.

Forms of Venereal Disease requiring Mercurial Treatment. Exanthematic Primary Syphilis.—First and Second Case to illustrate this form of Disease, when seated at the Corona Glandis, and accompanied by excess of Induration. Symptoms and Treatment of these Cases by Mercury, with Remarks on their General Character.—Third Case to illustrate the same form of Disease, attacking, in the first instance, the Corona Glandis, and, subsequently, the orifice of the Prepuce. Its Symptoms, and Treatment with Mercury.—General Remarks on the peculiar appearance presented, when the indurated form of Exanthematic Primary Syphilis occurs at the orifice of the Prepuce.—Fourth Case of the same form of Disease. Symptoms and Treatment of this Case, with Remarks on its Peculiarities.—Blunders of a Writer in the Medico-Chirurgical Review. The little confidence to be reposed in the crude compilations contained in Reviews.

Gentlemen:—In several lectures lately delivered, we have been considering some of those forms of the venereal disease which yield, in a very remarkable manner, to the influence of the hydriodate of potash. I wish to relieve your attention by varying the subject; and I shall now consider some of those varieties of the same disease, over which mercury exercises an influence so salutary that it is to be preferred in their treatment to every other remedy. To prescribe for a disease by its name is a most erroneous practice; and there is no disease to which this remark is more applicable than syphilis, yet there is none more frequently so treated: the mercurialist gives mercury in every case; the non-mercurialist in none; the one is as far from the right path as the other. It has always been my object to point out to you, while the patient was under observation, not only every thing which his case presented of interest respecting the natural history of his disease, but also those nicer shades of difference amongst the symptoms, which denoted the expediency of some peculiarity in the mode of treatment. You have been often cautioned

by me against the empirical practice of the routinist in the treatment of the venereal disease; and the object I hold in view in the lectures now in progress of delivery, is to fix in your memories all you have seen and heard, by reviewing, in a methodical order, a selection of the cases which have passed under your observation. Such is, in my mind, the general plan upon which clinical instruction should be conducted; it should be in nosology what demonstration is in anatomy and chemistry. Compiled histories of disease, which you can far better read in books, should never be put forward as a clinical discourse; nor should the time of a class be taken up, although the practice might be useful to the lecturer, by desultory allusions to private cases. It is seldom, indeed, that the history of a case which has not been witnessed by the hearers, should be introduced into a clinical lecture; and it is quite unwarrantable to occupy almost the whole of the time allotted to such a lecture by accounts of cases which have not been seen by the pupil, instead of describing the order and series of phenomena of those which have passed before his eye; in fact, to use the one merely to hook in the other. As I think it would be a pity to see clinical instruction so prostituted, I shall continue the plan which I have pursued for the last fifteen years.

There are few who have witnessed many venereal diseases, who have not had an opportunity of seeing a gristly-like tumour, of various magnitudes, but generally about the size of the end of a finger, as hard, almost, as a stone, tardy in ulcerating, attached to the inner surface of the prepuce, behind the corona glandis. Yet, common as this form of disease is, I am not aware that it was noticed by writers until my work on Syphilis appeared. You have lately seen two cases of this disease in the persons of M. C. and J. C. Let me now direct your attention to them. I shall, in the first instance, read the reports, and commence with the

Case of M. C.

"M. C., aged 35 years, a carpenter, has, on the left side of the inner surface of his prepuce, close to the corona glandis, a diseased patch, which presents the following appearances:—Its middle is brownish, and pulpy-looking, yet can scarcely be said to be ulcerated; its circumference is whitish, or like cartilage, and so raised as to form a sort of ring; the basis upon which it is placed is very hard, and the patch is so elevated as to form a considerable projection; the prepuce and glans are free from inflammation, and there is no pain in the diseased patch, except a trifling soreness after washing it; he is, however, sometimes much annoyed with itchiness; one of the glands in the left groin is uneasy, and enlarged to about the size of a walnut.

"A month has elapsed since this affection was first observed by the patient. It was then, he says, a red and porous-looking surface, and discharged a clear liquid. He further says, that it seemed for a time to get better, but afterwards became worse. The hardness of the patch has existed only a few days, but it is three weeks since the tumour commenced in his groin.

"He remarks that he had chancres on his penis about fifteen years ago, and that they were so unlike the present affection that he did not suppose the latter to be venereal, more particularly as some weeks had elapsed, when he observed it, since he had exposed himself to infection, and, therefore, he had neglected it longer than he would otherwise have done."

He was directed to take, three times a day, two of the calomel and tartar emetic pills, and to apply the black wash to the sore.

"4th day. Complains of pain in his bowels, with an inclination, but incapability, of discharging them; has taken four pills, containing twenty-four grains of calomel; his mouth is not in any way sensibly affected; the hardness of the diseased patch is diminished, and it has lost its brownish colour; it seems rough on its surface, or as if covered by small pale granulations, and these appear surrounded by a red, or healing margin; the enlarged gland is diminished in size, and all soreness in it has ceased." He was ordered a dose of castor oil and tincture of senna, and to take, at bed hour, twelve grains of DOVER'S powder.

"8th day. All uneasiness in the abdomen is gone; his mouth and breath testify the existence of mercurialization; the tumour in the groin has nearly disappeared, and the diseased patch on the penis is smaller and paler."

He was now ordered to resume the compound calomel pills, but to take them in only half the original quantity. This dose had, as I expected it would have, the effect of keeping up a mild, but sufficient mercurial action. The appearances gradually faded away from both the penis and groin, and in less than a week after this period, that is, in less than a fortnight from the time at which he commenced to take mercury, all symptoms had disappeared. The mercurial action was, however, kept up another fortnight, in all about four weeks, and the patient was then discharged perfectly well. I need not make any remarks on this case until I read you the reports of the

Case of J. C.

"J. C., aged 50 years, a plasterer. Immediately on denuding the glans penis, and everting the inner surface of the prepuce, there projects, or, as it were, starts out, like a knuckle, from the inner surface of this covering, a tumour, which may be thus de-

scribed:—It is seated on the right side of the inner surface of the prepuce, immediately behind the corona glandis, is of an oblong, or lunated form, in length about three-fourths of an inch, in breadth about half an inch, and in projection in its middle, or most elevated part, about three-eighths of an inch; from this middle convex part it gradually decreases, so that its extremities are on a level with the surrounding surface. The long axis of this projection runs parallel to the corona glandis, and nearly equals in extent a third of the circumference of the penis. The colour of the diseased patch is mottled, being partly white, and partly reddish-brown. It appears somewhat as if a very thin red or vascular membrane, of unequal degrees of thickness, covered a white and smooth surface, or as if a shining white surface was seen through a thin vascular membrane. It has, in fact, such an appearance as one can conceive would be presented by a thin layer of inflamed serous, or synovial membrane, extended over a cartilaginous surface, so as to allow the cartilage to be seen through its diaphonous texture. When the tumour, or diseased surface, is exposed for a minute to the air it exudes a clear, or somewhat sanguinolent liquid, and becomes of a more brown or more livid colour. It feels as hard as cartilage. There is no perceptible ulceration of its surface, but that portion of the glans penis which lies, when the parts are *in situ*, in contact with the tumour, or diseased surface of the prepuce, has a redder and softer appearance than the remainder, and the part of the tumour which applies itself to the glans, is slightly depressed, and of a more livid colour than the other parts. The whole surface of the glans, and of the prepuce, is very slightly redder than natural, yet they are lax, and free from inflammation. There is no pain, but considerable itchiness.

"A tumour of the size of an egg exists in the left groin. It seems to be composed of two enlarged glands. The surrounding cellular tissue is slightly affected, but the skin covering the tumour is free from inflammation. The tumour itself is the seat of a painful sense of stiffness.

"Has had the affection of his groin five days; the diseased appearance on his penis some days longer. He attributed the latter, when it first appeared, to the friction of his shirt during a journey, for it was then free from all swelling and hardness, and appeared as if the skin was simply rubbed off. Moreover, he says he had not had sexual intercourse for two months previously." He was directed to take two of the compound calomel pills, three times a day.

"4th day. Has been using the wash, and has taken eleven pills, containing twenty-two grains of calomel. His mouth is not affected. The itching in the diseased patch has ceased; the patch is not, however, in other respects, altered, nor is the tumour in the groin less.

"6th day. The colour of the diseased patch is paler. It has not so much the appearance of being covered by a vascular membrane. It exudes a bloody fluid when exposed for a few minutes to the atmosphere. His medicine has not had any perceptible influence on his bowels or mouth." The same treatment was continued.

"8th day. The prepuce can be drawn back with greater ease than before, so as to expose the glans penis. The tumour, or diseased appearance, on the inner surface of the prepuce is decreased. The lump in the in the groin is also diminished, and it is no longer uneasy. Complains a little of tenesmus. The pills to be omitted, and the black wash continued.

"10th day. Says he suffered much yesterday from pain of his bowels and purging, and that his gums are swelled and sore 'at the butt of his teeth.' The diseased appearance of the inner surface of the prepuce is much altered. It has greatly shrunk, and has become paler. The prepuce and glans penis are less red. The lump in his groin is not half the size it was, and is free from all uneasiness. He was ordered to take twelve grains of DOVER'S powder at bed-time.

"12th day. His mouth is, he says, so sore that he can scarcely eat any thing. Has taken, in all, twenty-four pills, but has discontinued them for some days past. The size of the diseased patch on the inner surface of the prepuce is still further diminished; it is, also, more pale, and less hard. The tumour in his groin is nearly gone."

On the 14th day it is reported, that "there exist no diseased appearances." A mild action of mercury was, however, kept up, by the administration of two grains of calomel daily, for a fortnight longer; and at the end of that time he was free from all complaints, and discharged.

Although the first case is not so minutely reported as the second, yet you cannot fail to observe that numerous and remarkable points of resemblance existed between them. Fix those points of resemblance in your memory, for they constitute the essential characters of the form of disease of which these cases afford striking illustrations:—

1st. In both patients the disease commenced, after a long period of incubation, by a red, exuding surface.

2nd. There supervened on this state a tumour of a stony, or cartilaginous hardness.

3rd. In neither of the cases was there hardly any ulceration, although the disease had been long in existence, and whatever ulceration occurred was diffused on the surface, and quite different from that which results from a ruptured pustule.

4th. Both cases were attended by a remarkable and troublesome itchiness.

5th. In both patients there existed buboes, which presented rather an indolent character.

6th. There was very little, if any, inflammation of the part in either case; and in both the diseased patch became livid on exposure, and exuded a clear, sanguinolent fluid.

7th. The beneficial influence of the constitutional, as well as of the local, action of mercury was, in both cases, very obvious.

What is the nature of the disease which these cases illustrated? Is it venereal; that is, is it a product of the venereal poison? We have seen that, in both cases, there was, most probably, exposure to the action of that poison. We have, also, seen the specific influence which mercury exercised over them. Are these characters sufficient to stamp its syphilitic nature? They would formerly have been so considered, but they certainly are not sufficient; they only justify a conjecture, that it is an effect of the venereal poison. Before we conclude that it is a syphilitic disease, we must ascertain whether its secretions are capable of propagating a similar disease, and, also, whether it produces on the constitution those effects which, it is agreed, result from the influence of the syphilitic poison. That it is, tested upon these principles, a symptom, or form, of syphilis, I shall demonstrate to you hereafter, by recalling to your recollection cases which you have seen. In the mean time, admit, for the purpose of enabling us to proceed, that its power of self-propagation is proved, as well as its power of contaminating the system, and, consequently, that it is a form of venereal disease; the question arises, to which of the groups of venereal affections established by me does it belong? I reply, if you compare the histories of these cases with the general descriptions given you on a former occasion of the exanthematic form of primary syphilis with excess of induration, you will find that they accurately illustrate that description; and you will also find this variety of disease described in the seventh chapter of my published work on the Venereal Disease, by the name of "indurated primary syphilis, preceded by superficial ulceration, or catarrh."

Let me next direct your attention to the

Case of S. M.

In doing so I have in view several objects; among others, I wish to prove that the secretions of the form of disease which we have been considering, are capable of producing the same form of affection, when applied to a sound surface of a person in whom it already exists; and that although structure modifies in some degree its appearance, its characters continue sufficiently marked, in all structures, to establish its diagnosis. I also wish you to review the exact manner in which this form of disease commences, and its essential difference, in this respect, from pustular syphilis.

"S. M., aged 48 years, a bricklayer. When his prepuce, from the orifice of which there is a puriform discharge, is drawn back, so as to uncover the glans penis, its inner surface projects, and forms, immediately behind the corona glandis, a sort of tumid rod, extending, somewhat like a ring, round nearly two-thirds of the penis. When this ring is exposed to the air for a few seconds, it becomes of a reddish or nut-brown colour, and oozes from numerous pores on its surface, a clear liquid; but when first exposed it has a more white or cartilaginous aspect, and is then covered with a thin stratum of puriform matter. Two glands in his right groin are enlarged to the size of a pigeon's egg. It is, he says, two months since he exposed himself to infection.

"3rd day. The orifice of the prepuce is contracted and tightened; and where bathed by discharge, appears preternaturally tumid.

"5th day. The preputial orifice is so much contracted that the whole of the glans penis cannot be denuded. The under part of the orifice is also, he says, very sore; and on examining it minutely, its surface is found to ooze a transparent fluid. In two or three parts of this surface the cuticle is abraded, and in some others it has a whitish parboiled appearance.

"7th day. The orifice of the prepuce is harder and more contracted, and the excoriated and oozing portion of its surface is nearly covered with a layer of white and pulpy, or lard-like matter.

"9th day. The diseased appearances are increased. The orifice of the prepuce is more contracted, and its lower half, which has become more tumid, is remarkably hard. The cuticle is stripping from off the end of the penis to a still greater extent, and the surface thus exposed discharges a clear fluid. There is also a great induration felt behind the corona glandis, and a considerable puriform discharge flows from the preputial orifice.

"11th day. The hardness of the lower part of the orifice of the prepuce, as well as that at the corona glandis, is further increased. The excoriated or ulcerated surface looks as fungous as, but more smooth than, a condyloma. The raphe of the penis, extending backwards an inch, is red and tumid. He complains much of pain in the parts at night, and he says it is of a burning, or scalding, and itching kind.

"14th day. The tumidity of the raphe penis is further increased, as also is the hardness at the lower part of the orifice of the prepuce, and at the corona glandis. The excoriated or ulcerated surface is convex, and white and pulpy; or, as it were, par-

boiled. The upper part of the orifice of the prepuce is still so free from tumidity as to appear thin or sharp, compared with the thick or tumid lower part. Phymosis is so perfect that scarcely a point of the glans penis can be seen.

"16th day. The lower part of the end of the prepuce is more swelled and more hard; and the ulcerated portion of its surface looks, even more than it did, like a condyloma. It is of a dirty-white colour. Some portions of it exude a clear liquid. The orifice of the prepuce is, if possible, tighter than it was. The hardness at the corona continues the same. There is an increase of swelling in the groin.

"18th day. The surface of the swelled or lower portion of the prepuce is more decidedly, yet still superficially, ulcerated. The ulcer is of a mottled brownish-red, and whitish colour. Its border is more white and pulpy than the middle of its surface, and its edge and margin are so raised as to give somewhat the appearance of a surrounding rim; yet the edge is neither sharp nor defined. The swelling and hardness of the base of the ulcer are undiminished, and at the corona they remain as they were.

"21st day. The tumefaction of the end of the prepuce is not increased, but its orifice is equally tightened. The ulcerated surface is darker coloured, and seems covered by a stratum of brown pulpy matter. The hardness of the corona glandis, and the tumidity of the raphe penis, continue. The sore to be dressed with mercurial ointment.

"23rd day. The colour of the sore is slightly more red, its rim is less marked, the hardness of its base and the extent of its surface seem diminished; yet the tumidity of the orifice of the prepuce is increased, and the glans penis is, if possible, more obscured. The hardness of the corona is diminished.

"25th day. The prepuce is less swelled, and hence the extent of the sore seems contracted. This decrease of swelling has also caused the sore to seem excavated, so long, at least, as the prepuce is allowed to lie flaccid; but when pulled back, and its orifice made tense, the surface of the ulcer becomes as before, fungous or convex, and is still somewhat of a mottled nut-brown and yellow colour. There is an appearance of a white pulpy border. The sore becomes redder on exposure. The hardness felt through the prepuce, at the corona, is diminished.

"28th day. The surface of the sore is much redder, and a healing or red margin is becoming developed. The hardness at the orifice of the prepuce, as well as at the corona glandis, is diminished. On the surface of the ulcer there is a depressed part, of a brown colour, a kind of well.

"30th day. The sore looks healthier. A perfect red or healing margin has nearly formed. The swelling and hardness have diminished. He admits he is better. To have two calomel and tartar emetic pills three times daily, and to continue the dressing with mercurial ointment.

"35th day. The extent of the sore is diminished, and its surface is more raised. A healing or red margin is everywhere fully developed. All hardness is nearly gone. The orifice of the prepuce remains contracted. Has taken twenty-four pills. His bowels are griped, and his stomach is sick. His breath is affected, and his mouth tender. The pills to be omitted.

"39th day. The sore at the orifice of the prepuce is more contracted, and the hardness of its base further diminished. The orifice of the prepuce is slightly less tight. Mouth still tender.

"41st day. The sore at the orifice of the prepuce nearly healed, and the hardness of its base scarcely perceptible. His mouth continues affected, and there is fœtor of breath.

"43rd day. The ulcer has healed, without leaving any hardness. The preputial orifice is now so much relaxed, as to allow a considerable portion of the glans penis to be seen. Mouth still sore.

"50th day. He is able to denude the entire of the glans, and expose the inner surface of the prepuce, which is a little red and hard in the neighbourhood of the corona." He was now directed to resume his compound calomel pills, in half doses. These he continued, so as to keep up a mild affection of his mouth, until the 60th day, when he was discharged cured.

The points of importance which this case illustrates I have already hinted at. *In the first place*, there can be no doubt of a similarity or identity of nature between the diseased appearances which existed in this case behind the corona glandis, and the diseased appearances in the same situation in the cases of M. C. and J. C. In fact, all these cases were examples of the same form of disease. *In the second place*, there can be as little doubt that the affection of the orifice of the prepuce in S. M. was produced by the discharge flowing from the diseased surface behind the corona glandis, through the preputial opening; and, consequently, we are entitled to conclude, that the direct application of the secretions of this form of sore can produce disease in the individual in whom it exists. This is only one of very many cases you have seen which illustrate the same fact. *In the third place*, we recognize in this disease, when at the orifice of the prepuce, the characters which distinguish the same form of disease when seated behind the corona glandis. Thus, the disease at the orifice of the prepuce in S. M. was marked by great and circum-

scribed induration. In him, as in the others, the diseased and scarcely ulcerated surface, was occasionally of a peculiar brownish mottled colour, and exuded, on exposure, a clearish fluid. Further, in S. M., as in M. C. and J. C., you had occasion to remark the rapid and salutary influence of both the local and constitutional employment of mercury. You saw that until the 21st day the affection in S. M. was gradually gaining ground; that considerable improvement was produced between the 21st and 30th day solely by the topical application of mercurial ointment; and that the constitutional action of mercury, the internal employment of which was commenced on this last day, removed in twenty days all symptoms of disease; and here I may observe that we cannot mistake, in this case, the influence which mercury exercised. You saw the disease left, it may be said, to itself for a certain period, and you saw it becoming daily worse. You then saw it subjected to mercurial treatment, to which it yielded in a shorter time than that during which it had been previously allowed to take its course.

Both M. C. and J. C. described accurately the commencement of their diseases by an exuding and excoriated surface, and further, that this state was followed by induration. In the case of S. M. you had an opportunity of noting for yourselves, that such was the order of sequence which these symptoms presented. You also noted in S. M. other appearances. You observed that the orifice of the prepuce, at the affected part, first became tumid, and the cuticle whitish in spots, or parboiled-looking. The former symptom is, probably, common to the disease, and is its first symptom, on whatever texture it occurs, but the latter can only take place when cuticle exists, which is kept in a moist state. It may, therefore, be said that this disease commences at the orifice of the prepuce by redness and tumidity, followed by an altered state and subsequent detachment of cuticle, or excoriation, and to this succeeds induration and superficial ulceration. How unlike these changes are to those presented during the development of primary pustular syphilis, I need not stop to remark, as they are self-evident. The one form of disease can never, therefore, in this particular, at least, be confounded with the other.

To make you acquainted with other phenomena occasionally presented by this form of disease, I wish, before we part, to direct your attention to the

Case of P. D.,

The appearance of which, in all its stages, is well represented in this series of drawings.

"P. D., aged 18 years, a tailor, a healthy-looking, yet a thin person. His penis is much swelled, and its extremity bulbous-shaped. There is a copious yellow-coloured or whey-like discharge from the contracted orifice of the prepuce, and there appears at the left and lower side of the orifice, a discoloured patch, the size of a silver sixpence, so dark at the inner part that it appears black, but at its outer part of a lighter, or nut-brown colour. When the base upon which this discoloured patch is seated is grasped between the finger and thumb, it feels as hard as cartilage. The surface of the patch is level, being neither sunk below, nor raised above, the surrounding skin. It is bounded by a sharp thin line, which seems to be the edge of the abraded cuticle. There is no swelling, but some pain in his groins. The orifice of the prepuce is naturally so tight, that it is, he says, with great difficulty he can at any time denude the glans penis. Some days have elapsed since he first noticed the discharge. He has not used any remedies except purgatives and fomentations." He was ordered to remain in bed, to foment and inject the prepuce, and apply a poultice, to take laxatives, and live abstemiously.

"2nd day. The redness and swelling of the penis are diminished; the colour of the diseased patch is less dark; it is more uniformly nut-brown, and still surrounded by a sharp, white, cuticular line; the hardness under its surface is very remarkable.

"4th day. The hardness feels stony; the swelling is diminished, yet the phymosis is more complete; the extent of the diseased surface, which is still of a nut-brown colour, is contracted; the white, sharp line at its circumference is thicker, or more raised; there is considerable discharge from the orifice of the prepuce, and he complains much of ardor urinæ. The orifice of the urethra is not visible.

"8th day. The surface of the sore is of a more healthy, or redder appearance; its margin, or the skin surrounding its edge, seems raised; the hardness continues undiminished."

It is unnecessary to read the reports made from the 8th to the 29th day, as, during this period, no new appearances were exhibited. There was, however, considerable vaccillation observed in the colour of the sore. On one day it seemed quite light, and on another almost as dark as when he first applied. During all these changes, however, the stony hardness remained the same, at least undiminished. It is reported, on the

"29th day, The appearances are much changed; the ulcerated, or diseased surface, is increased in extent, and looks more livid. The raphe, or middle line of the under surface of the penis, has become, for some way back from the orifice of the prepuce, both red and tumid: it seems about to ulcerate.

"31st day. The appearances are still more altered; the surface of the ulcer, as well as

the raphe penis, is whitish, and the whiteness of both is apparently caused by a flake of pulpy matter. Some portions of the surface are not perfectly covered with this matter, and the interstices appear of a pale red colour; the extent of the diseased surface is considerably increased; the margin of the sore is elevated and red; the swelling of the penis is also increased, and the hardness remains fully as great as it was.

"33d day. The extent of the diseased surface is increased; one part of it appears brown, the remainder is, however, of as healthy a colour as it was; its margin continues raised and red, and there is a white and pulpy line along the inner side of the edge; the hardness of base is undiminished; he complains much of itching, and also of soreness, in the dark-coloured part. When the surface of the sore is exposed for a few minutes to the atmosphere, it acquires an appearance of being covered by cuticle; it looks more like an exuding than an ulcerating surface, or like a surface from which the skin only had been removed or abraded; two of the compound calomel pills three times daily.

"37th day. The swelling is diminished; the hardness less; the colour of the sore is much redder; there is scarcely any appearance of whiteness, except along the edge; the extent of the diseased surface has decreased.

"40th day. Mouth sore; swelling and hardness much diminished; the under part of the ulcer is healed, and the margin of the upper part is rounded, and its edge turned in.

"46th day. The sore is entirely cicatrized; the cicatrix has a livid appearance, and is desquamating."

He continued his pills in such a manner, after this report, as to keep up a mild mercurial action, until the 58th day. He was then discharged, free from all complaints; the phymosis had not, however, abated much.

The great induration, the peculiar colour of the sore, the superficial character of the ulceration, and the remarkably beneficial influence of mercury, all warrant the conclusion that this case was identical with those previously considered this morning. The action of mercury was even more decidedly beneficial in it than in any of the others. I allowed the disease to remain, uninfluenced by specific treatment, for thirty-three days, and you saw that it had then greatly extended, although the patient was placed under circumstances calculated to prevent deterioration of the state of a common sore. I then submitted him to the constitutional influence of mercury, and its salutary action was almost immediately observable. Thus, on the fourth day after he commenced mercury there was an evident improvement, and in the course of thirteen days the cicatrization of the sore was complete. Here let me remind you that the mercury could not have exercised any influence, except through the medium of the constitution, for the same local and non-mercurial applications were continued while the patient was taking mercury internally, as had been used before he commenced its employment.

You remember the very dark-colour which the sore presented on the patient's first application. This drawing will recal that appearance to your recollection. You see it was almost quite black. Allow me to say a few words on this topic. You know that the exanthematic form of primary syphilis has, wherever seated, a remarkable disposition to assume a peculiar nut-brown, or blackish-brown colour. In fact, it presents, at different times, all shades of brown, from that of a light cinnamon-brown to a very dark nut-brown, or chocolate, or black-brown. The curious point, however, is, that this colour is not constant. It goes and comes. It is not constant in all exanthematic sores, nor even in the same sore at all times. Thus, the same sore may be one day of a dusky-white, or of a comparatively healthy red-colour, and on the next of a dark-brown colour, approaching to black. In the very case which we have last considered the sore presented the most remarkable vaccillations of colour; on one day it would be quite light, and on another as dark as when the patient first applied, that is, nearly black. Now, what is this phenomenon owing to? Some circumstances would seem to argue that it depended on a state somewhat analogous to gangrene affecting a sore of a peculiar character. Thus, in the first place, when the colour of these sores becomes deepened, there is sometimes a slight increase of inflammation; in the second place, an increase of depth of colour is always followed by an increased degree of softening of the surface of the sore, and this sometimes proceeds so far as to cause great destruction; and, in the third place, such causes as would be likely to produce a gangrenous state of a common sore are the causes which often produce the dark colour of these sores. Thus, the colour of the sores of P. D. and S. M., and of several others, were apparently dependent on the attention which they paid to directions. Whenever they committed any slight irregularity the sores became black, and whenever they rested, took purgatives, and abstained, the lighter colour returned. It is, however, remarkable that if this state be one analogous to gangrene it forms no objection to the administration of mercury. I would at once have put P. D. under mercurial treatment, dark-coloured as his sore was, if I had not had the object in view of allowing his disease to take its course. You have seen many examples of this form of sore, with a

surface as black almost as my hat, in which mercury was employed with marked success. Some of them we shall at a future period review.

Now, it is a point of great importance in practice to distinguish these sores, which, for their proper treatment, require mercury, from venereal sores, attacked by common gangrene, or mortification, in which mercury acts as poison. It is fortunate that the task of diagnosis is easy. The simple fact of the existence of induration in the one, and its absence in the other, not to say any thing of numerous other differences, would, of itself, distinguish them. You all know this. I am sure the youngest among you could not now mistake the one for the other. Yet I know that this might be done. There are persons incapable of conceiving that any two dark-coloured sores could be of dissimilar natures,—colour making on such minds a stronger impression than any other character. I am not speaking hypothetically.

That I might the better contrast, in my work on the Venereal Disease, the distinguishing characters of those very different sores, I printed in separate and opposed columns, the diagnostic symptoms of each. The characters given in that work to the form of disease we are now considering, and over which mercury exercises so beneficial an influence, are, 1st, attended by little or no inflammation; 2d, attended by great induration; 3d, attended by little tumefaction, or œdema; 4th, sloughs, principally by the surface; 5th, slough of a brownish-black colour; 6th, slow in its progress; 7th, not attended by great pain. And the characters given in the same work to the common gangrenous sore, in which mercury acts as a poison are, 1st, attended by great inflammation; 2d, attended by little induration; 3d, attended by great tumefaction, or œdema; 4th, sloughs as much at the margin or edge as on the surface; 5th, sloughs of a deep-black colour; 6th, rapid in its progress; 7th, often attended by great pain. Yet, with this tabular view before him, a writer in the *London Medico-Chirurgical Review*, commonly called "Johnson's Review," among other blunders made by him in gutting my work on Syphilis, or rather, in his attempts to do so, has represented that it is my practice to give mercury in venereal sores attended by common mortification. The words of his elegant composition are,—"This is so totally foreign to our experience, that we merely record Mr. Wallace's opinions, and pass on. We will merely add, that we would not, for a good round sum, treat this sore, attended with black slough, *in other words, mortification*, by mercury. We do not quarrel with Mr. Wallace's practice, but we would not follow it on any condition." It is evident that the person who so writes could have never seen this sore, or else he was unable to conceive that it differed from a common gangrenous sore; and, what is equally calculated to excite our ridicule, he must have been ignorant of the remarks of other practical writers respecting this form of venereal disease, otherwise its treatment with mercury would not have appeared to him so original.

Let me take this opportunity, for I think it my duty to do so, to warn you against the destructive system of forming your opinions on medical subjects from the crude and dishonest compilations often contained in the productions called "reviews." The authors of these anonymous publications are seldom competent persons. They too often are juveniles, or hirelings who have no other mode of support, and are compelled by the Editor to pander to the taste of the party among whom he hopes to sell his publication; or else they are bound to obey the bookseller by whom they are employed. When persons competent by their talents and acquirements for the difficult task of critical analysis, do condescend to the drudgery, they are unfortunately, it is to be feared, not unfrequently influenced by motives which form an insurmountable barrier to their giving an impartial view of their author. The rapid circulation of knowledge which the weekly press now affords, has given a blow to such publications as will no doubt lead either to their annihilation or their reformation. There is one of them, I understand, already labouring under symptoms of marasmus. I need not name it,—I hold it in my hand; and its life is not likely to be saved, unless it be able to obtain a radical cure from the nutriment it purloins from the weekly press, and which now constitutes a large portion of its food, its supplies from other quarters being nearly cut off. Like all parasites, it is, nevertheless, ungrateful, for its efforts are incessant to destroy, not only the trunk upon which it feeds so luxuriously, but the succours which supply that trunk with nutriment. Its attemps are, however, as vain and ridiculous as those of the dog barking at the moon.

CALOMEL IN SCALDED GLOTTIS.

To the Editor of THE LANCET.

SIR:—If the following case, showing the efficacy of the treatment introduced by Dr. Wallace of Dublin, in scalded glottis, be worthy of a place in your valuable Journal, you will oblige me by its insertion. I am, Sir, your obedient servant,

GEORGE FAYRER, Surgeon,

Barking, Essex, Jan. 30, 1837.

CASE.—A child, ætat. seven, was found by his mother, who had been absent a short

time, crying violently, and complaining of his throat, saying that a bone was sticking there, and afterwards, that his brother had struck him, fear of punishment preventing him from telling the real cause. I was sent for late in the evening of the 17th of December, and found the child very ill; pulse upwards of 130, difficulty of breathing, the uvula and adjacent parts much inflamed and tumefied; I could see a very little way down the throat, owing to the great secretion and gurgling of mucus. Not being able to satisfy myself as to the correct nature of the complaint, I ordered leeches to the throat, and a mixture, containing tartrate of antimony. On visiting him on the following morning, the mother met me at the door, saying, that the brother had just told her (and, indeed, it was then evident from the vesications on the lips and chin) that the boy had drunk, or had attempted to drink, from the spout of a tea-kettle which contained water boiling, or nearly at the boiling point. He had passed a restless night; pulse 140, respiration loud and laboured, skin hot, secretion of mucus from the throat very abundant. I ordered two grains of calomel to be given every hour, and two minims of the tincture of opium with every other powder, leaving directions, that if the breathing became worse, or suffocation was likely to happen, to send for me immediately, when I would have recourse to bronchotomy.

One P.M. Much the same.

Eight P.M. Had slept frequently during the day; respiration still loud; pulse a little slower. Continue the remedies.

19. Had slept in the night; respiration not so laboured; secretion of mucus less; pulse 130; countenance pale; eyes sunken. The calomel had been regularly administered.

Seven P.M. Much the same; restless during the day. Continue the remedies.

20. Passed a tolerable night; the mouth a little affected with the calomel; pulse 120; respiration much better; countenance improved. Omit the tincture of opium. The calomel to be taken every third hour.

21. Much improved; slept well; respiration nearly natural; pulse 120. Omit the calomel.

℞ *Comp. tinct. bark*, a drachm and a half;
Tinct. of hyosciamus, one drachm;
Camphor mixture, one ounce;
Water, two ounces. Two small spoonfuls to be taken every third hour.

22. Recovering fast.

26. The child has quite recovered, to the astonishment of his friends as well as myself. On the morning of the 18th I considered the case to be hopeless, and but for the steady administration of the calomel, I believe that he must have died.

NEW METHOD TO OBVIATE

WOUNDING OF THE PERITONEUM,

IN THE OPERATION FOR

STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR:—I beg leave to forward to you the following observations on a new method of operating for the relief of strangulated hernia, for insertion in your valuable Journal. I am, Sir, your most obedient servant,

MALCOLM W. HILLES,
Lecturer on Anatomy and Physiology in the Westminster School of Medicine.
2, Upper Charles-street, Westminster,
31st Jan., 1837.

The numerous instances in which the operation for the relief of strangulated hernia has proved fatal, call loudly for an improvement in this branch of surgical practice. Indeed, I believe that this may be considered the most unsuccessful of modern operations, as, perhaps, not more than one out of three or four cases is followed by a favourable result. It is not necessary that I should enter into the consideration of the different causes which lead to so unfavourable a termination. All, or, at least, most of these are amply treated of in the systematic works on the subject; one, alone, shall occupy my attention, namely, the wounding of the peritoneum, or hernial sac.

Although many may question the fact of wounds of this serous membrane being so serious as is generally conceived, none, I should think, will hesitate to acknowledge that its division is the most formidable part of the operation for the relief of strangulated hernia, as, independent of this, there is no structure engaged in its performance, when properly executed, the wounding of which can tend to induce a fatal termination, except by causing a certain degree of constitutional shock, which will occur in every case where the knife is employed; nay, I would go even further than this, and at once assert that it is the division of the peritoneum which most frequently produces the fatal result. To prove this I shall not enter upon the discussion of various effects of wounds of this membane, in some of which violent inflammation has resulted, whilst in others no bad symptom has ever made its appearance. I will simply content myself with contrasting the result of two cases of strangulated hernia, precisely similar in the acuteness of their symptoms and other circumstances, but in one of which the operation has been performed, whilst in the other the hernia has been reduced by the taxis. In the first instance, the most formidable, if not fatal, symptoms in general supervene; whilst in the second, from the moment of the reduction of the tumour the symptoms gradually

subside, and, in many instances, the patients have perfectly recovered, and left the hospital a few hours subsequently.

There is no surgeon in extensive practice who has not at some time met with a case of strangulated hernia, where every thing has been prepared for the operation, when it has been rendered unnecessary by the unexpected reduction of the tumour. How rapid has been the recovery! Yet who will be hardy enough to assert that such would have been the case had the operation been performed?

From these reflections, therefore, I consider that the greatest benefit would be derived from the division of the stricture without opening the hernial sac.

Sir A. Cooper was the first, if I mistake not, to suggest this line of practice, but, unfortunately, he recommended that, the stricture being divided, the sac, and its contents, should be returned. To this proposal there are two most serious objections, the first is, that its adoption is, in general, impossible, from the adhesion which the sac so rapidly forms with the surrounding structures; the second, that the stricture frequently exists in the neck of the sack, and should the parts be returned in this condition, the strangulation will still be unrelieved. So formidable have these objections been that the practice has been laid aside.

I would propose, instead of this plan, that the stricture should first be divided, without opening the hernial sac, and that then its *contents* should be returned into the abdomen by pressure on it externally. If this be possible, our object is soon accomplished; if not, the hernial sac must be cut into, and its neck, where most probably the stricture now exists, divided.

This plan of operatiug approaches, as near as is possible under the circumstances, to the reduction by the taxis.

Some may, perhaps, object to it on the ground of its greater difficulty, and because the contents of the sac may be strictured in its interior by an irregular band of lymph, or the intestine may be strangulated by the omentum. To these I would reply, that the difficulty of the performance of the operation should never constitute a serious objection in the mind of any well-informed surgeon; and the occurrence of any accidental strangulation, such as is mentioned, is so extremely rare as not to be taken into account, as a much greater number of lives would, in my opinion, be saved by the non-division of the peritoneum than lost by this casual circumstance. But why speak of the difficulty of the division of the stricture without opening the sac, when this is the very operation to be performed in all cases of old and large herniæ?

Perhaps it is right to mention that a very intelligent gentleman, a Mr. Owen, who formerly attended Sir A. Cooper's lectures in *Guy's Hospital*, and who more lately favoured me with his attendance, informed me that he recollected that gentleman's having recommended a similar mode of operating in one of his oral lectures; such, however, so far as I am aware of, is not stated in any of his written productions. However we may theorise on the subject, practice alone can decide on the propriety of its adoption.

CASE OF

EMPYEMA, BURSTING EXTERNALLY.

To the Editor of THE LANCET.

SIR:—In THE LANCET of the 16th April, 1836, I had an opportunity of communicating to you the particulars of a case of empyema, in which the operation of paracentesis thoracis was performed, with temporary success. Since that time, the sister of the patient whose history was then related, has fallen a victim to the same disease, and under circumstances of so peculiar and interesting a nature, that you may possibly deem a few remarks on the subject worthy of a place in your Journal. I am, Sir, your obedient servant,

J. W. MACNEE.

Glasgow, Jan. 16, 1836.

CASE.—Agnes Pettigrew, aged 16, a girl employed at a public work, in August last became affected with pleuritis. For this she was treated in the usual way, being bled on several occasions, in proportion to her strength, and, at the same time, taking internally, a mixture of the tartrate of antimony and sulphate of magnesia. By these means, with the addition of a blister, the acute symptoms were subdued, but after their removal she continued feeble, with a quick pulse, and, in a short time afterwards, towards evening, began to experience occasional febrile exacerbations.

The chest was now examined, and tubercles were ascertained to exist, in their various stages, in both lungs. Respiration was more limited in the left than in the right lung, and at the superior portion of the former, pectoriloquy was heard. Neither diarrhœa nor night sweats were present. She was directed to take a mixture of quinine, with aromatic sulphuric acid, and port wine.

From the beginning of October, owing to the patient's removal, I had not an opportunity of seeing her again till the end of the month. By this time she was much worse, being emaciated and feeble, with every symptom of hectic, and profuse purulent expectoration.

The appearances of empyema now became manifest. There was increase on the left, with dull sound on percussion, more particularly at the lower portion, and inability to recline on the opposite side, without experiencing great distress and difficulty of breathing. Gargouillement was audible even at a distance, and the expectoration was copi-

ous, purulent, and mixed with blood. In front of the sternum there projected a circular tumour of half the size of an orange, having a small portion of the bone so loosely connected to the ribs, of about an inch in length, that depression to a considerable depth was easily produced. The remaining portion of the sternum, below the tumour, was more firmly attached. The situation of the heart was altered, and was felt pulsating under, and considerably to the right of, the ensiform cartilage. The countenance was anxious and emaciated; the nights restless, and disturbed by diarrhœa, fever, and nocturnal perspiration. The appetite continued good. The patient had never menstruated. The pulse was 100, and of good strength. On the left side, at the lower part of the chest, no sign of respiration could be perceived, while, on the right, it was hurried and puerile. Her breathing was laborious, and on attempting to rise the oppression was much increased.

While reclining, the tumour at each inspiration became distended with air, but on assuming the erect posture it was immediately filled with pus.

Under such circumstances, no relief could, of course, be expected from medical treatment. She continued to get weaker, and on the 3rd of November the tumour burst, and discharged two quarts of matter.

She remained in this state for six weeks, the fistulous opening at each inspiration discharging a small quantity of unhealthy pus. She died on the 20th of December, by which time she was reduced to the last degree, and for some time previous her sufferings became most severe, from the entire left side being excoriated and continually humid. The body was inspected on the day following her death.

The left side was observed to be considerably larger than the right. The sternum, with a portion of the ribs attached, being removed, a quantity of pus, equal to about a quart, was observed to fill the cavity of the left pleura, which was covered with dense false membrane. At the upper portion the left lung was firmly adherent to the sternum, and condensed into about a fifth of its natural size. When laid open, cavities were exposed. The lung was studded with tubercles. The heart was situated to the right of the sternum. The pericardium was firmly attached to the substance of the heart. Towards the fistulous opening, on the internal surface of the sternum, the false membrane by which it was covered assumed the appearance of an ulcerated surface; and, on introducing the finger, the sternum was found rough and exposed. The communication had been formed between this bone and the cartilage of the fourth rib. In the right lung there were several cavities. At the upper portion it was united by firm adhesions to the costal pleura.

THE NEW PHARMACOPŒIA.

CRITICISMS ON THE CHANGES.

To the Editor of THE LANCET.

SIR:—Some of the inaccuracies of the New Pharmacopœia have already been noticed in THE LANCET, and I shall feel obliged by your insertion of the following remarks, referring to those changes in the nomenclature, &c., which are capricious, unnecessary, and practically inconvenient. The main objects in revising a Pharmacopœia should be its simplification, the rejection of useless formulæ, the avoidance of ambiguous terms, and to facilitate the prescribing and compounding of medicine. Accordingly, the names employed should be such as will be easily understood, applicable to the substances to which they refer, and not liable to be confounded with one another when *written* in prescriptions, with the ordinary contractions.

When a preparation is well known under a name which is not particularly objectionable, the changing of that name is injudicious, and any alterations in it which are likely to occasion mistakes are unpardonable. For instance, *Sodæ Carb.*, in a prescription written in 1836, means a different substance from that implied by it in 1837. The same objection applies to the other carbonates. It is impossible to ascertain at what precise time the new Pharmacopœia will be universally adopted. The order to follow its directions appeared in the government *Gazette*, several weeks before the birth of the book itself, but the leading members of the profession continue to employ the old names, and many practitioners make use of obsolete terms of as early a date as 1720. It is not, therefore, likely that the new value of the term "carbonate" will be speedily adopted, and we shall be subject to confusion, in this respect, for probably a quarter of a century.

However desirable it may be to employ names which are as scientific as possible, words should not be used which have a double meaning. Thus,

Acid. acet. fort., is now called *Acid. acetic*, the old name for *Acetum. destil.*, which is often used with that signification.

Ol. menth. p., as oil of peppermint is called in prescriptions, will henceforth also signify *Ol. pulegii.*

The motive for some of the changes is quite inexplicable. A term which is abandoned by the College at one time, is resumed at another, and again reversed, without any apparent reason, as if the nomenclature of the Pharmacopœia were regulated by party spirit.

Preparations whose names have been changed four or five times, are not allowed to escape on the present occasion, and in many cases the new names are less appro-

priate than those which have been discarded. For instance, *Pil. saponis c. opio*, is the fourth term applied to that compound, and is unobjectionable. *Pil. sapon. co.* describes the vehicle, and has no reference to the active ingredient.

Camphorated spirit, after five frivolous alterations, is now nicknamed *Tinct. camphoræ*, by which means it may occasionally be confounded with *Tinct. camph. c.*, as this preparation, under the name of *Tinct. opii camph.*, was confounded with *Tinct. opii.*

Tinct. ammon. c. was properly distinguished by the word "succinatus," which could not be misinterpreted. *Tr. am. co.*, when hastily written, may sometimes be mistaken for *Sp. am. co.*

The adjective "ammoniata" is now changed for "composita," in the tinctures made with ammonia; and in many cases the word "compound" is added, or taken away, without any apparent object.

A preparation similar to *Ung. plumbi. co.* (though not until now introduced into the Pharmacopœia), has long been known under the name of *Ung. cretæ. c.*, which is an appropriate and distinctive appellation. There was no advantage in adopting a name so similar to *Cerat. plumbi. co.*

Calomel and corrosive sublimate have already four or five names. Being potent and dangerous substances, it would have been better to retain those names which are universally known, than to add to the means of confusion for the sake of attaining ultra-scientific precision in their designation.

The same remark applies to *Liquor arsenicalis*, which is a more safe name for that preparation than *Liq. potassæ. arsen.*, as the latter might be mistaken for *Liq. potassæ. Liquor mineralis Fowleri* is the term used when secrecy is an object, and no other synonym was desirable.

By calling antimonial powder *Pulv. antim. c.*, it is likely to be mistaken in prescriptions for *Pulv. antim. t.*

To change the name of *Syrupus simplex* for *Syrupus* was frivolous. In fact, the old name was better; for suppose that the word "syrup" follows a tincture in a prescription, it becomes a question whether "simplex" or "ejusdem" was understood.

Liq. plumbi subacet. had already five names. The substitution of the syllable "di" for "sub" is no improvement, and adds a sixth name to the number.

Some of the oxides were properly distinguished from one another, and the memory was assisted by their names having reference to colour. The difficulty of retaining them in recollection is now increased by an unnecessary change, which adds to the number of synonyms.

In fact, there is not nearly so much difference between the names of the different substances in the Pharmacopœia, as there is in many instances between the different names of the same substance. To persons who merely attend to the theory of nomenclature, and read of those substances in print, this may appear of no importance. But it should be recollected that prescriptions are often hastily written, and the words are contracted to the smallest limit, which renders it desirable to adopt names that are perfectly distinctive, without being unnecessarily complex. It should also be remembered that when new terms are introduced the old are not abandoned by the profession generally, and, therefore, the changes which are made should be founded on sound practical principles, and not on caprice, otherwise the memory is perplexed to no purpose by useless synonyms.

With respect to the new preparations, no one will deny that many of them were much wanted, but others are quite unnecessary, and, therefore, an incumbrance. For instance,

What is the use of *Linim. opii?* The ingredients can be mixed in any proportion in half a minute.

Pil. conii co. is unnecessary, from the same reason; besides which, the ipecacuanha is more likely to retain its medical properties in the dry than in the moist state.

Pil. ipecac. co. might have been dispensed with. By adding *Pulv. ipecac. co.* to *Pil. scillæ co.* a similar compound was easily formed.

The omission of the ginger in *Pil. scillæ co.* would have been an improvement, as it is in some cases objectionable.

Mistura cascarillæ is a compound that is very seldom used, and, therefore, more calculated for extemporaneous prescription.

Mistura gentian co. is merely a mixture of three other mixtures. If we admit formulæ of this kind the work might be extended without limit.

Mistura sennæ co., (or a good recipe for black draught), would have been a useful addition, being an article in constant use.

The insertion of *Oleum sambuci* must have been an oversight.

The new compound of *Brandy and water* has been sufficiently ridiculed in the public papers. The invention was, no doubt, the result of practical experience.

While these and other unnecessary additions are made to the Pharmacopœia, many preparations of considerable importance are omitted; for instance —

Decoct. sarsæ concent.	*Tinct. lobelia ætherial.*
Liq. morphiæ mur.	*Tinct. quininæ.*
Liq. morphiæ acet.	*Essentia cubebæ.*
Liq. opii. sedat.	*Vin. sem. colchici.*
Mist. sennæ co.	*Vin. ferri.*
Tinct. lobelia inflata.	*Ferri ammon. tart.*

And some others, which are in constant use in prescriptions.

Some of the alterations in the old preparations are whimsical; for instance, the

substitution of *Ol. carui*, for *Ol. menth. pip.*, in *Pil. rhei. co.*, which, while it may possibly suit the taste of some patients, will give great dissatisfaction to others.

"*Mist.*" *acaciæ* is substituted for the powder, in *Mist. cretæ co.*, which prevents the ingredients from being kept in the dry state; while *Conf. aromat.* is ordered to be kept in powder, although less likely to spoil, and more frequently used.

The time prescribed for the maceration of some decoctions and infusions is unnecessarily long. *Infusum rosæ co.* is now to stand six hours; *Inf. humuli* four hours, &c., &c. What advantage is derived from boiling sarsaparilla six hours? By protracting the process the efficacy is more likely to be impaired, and the wood to become impregnated with the essence of the bark. Other instances might be mentioned. I shall conclude by adverting to the new measure, which is a source of great annoyance.

Scarcely any measure could be contrived which would be practically more convenient than the old one. The pint corresponds with the pound, and ℥j : oj :: 3ss : ℥j, which facilitates the reduction of formulæ from large quantities to small, or *vice versa*. From the gallon downwards we obtain (by dividing by two) a regular series of simple multiples, without a fraction, to 15 gr., the next step being 7½. But in the new measure, if we commence the above series to the pint, the third step brings us to 2½ ounces, and, by continuing it, we come at ½ grains at 37½ instead of at 7½. To a dispenser of medicine, who is constantly obliged to make such calculations while the patient is waiting for his medicine, this change in the measure will be attended with unnecessary waste of time and risk of error.

The quantities of all the formulæ in the Pharmacopœia in which the pint occurs, are of course altered to suit the new measure, even where the proportions remain the same. This is perplexing to the memory. An ambiguity will exist for a long time to come, from the term "octarium" having two values in prescriptions, according to the date, or other intention, of the prescriber. These inconveniences would be cheerfully submitted to, if any advantage were ultimately to be derived from the change, but in the present instance the alteration is decidedly for the worse.

In reforming a Pharmacopœia the object of the work should be kept constantly in mind, namely, the accurate administration of medicine; but in looking over the present and the former editions, it appears as if pains had been taken to mystify the subject, to over burthen the memory, and to puzzle those for whose use it is published. I am, Sir, your obedient servant,

PERTINAX.

London, Feb. 1, 1837.

MR. CROSSE'S REVIVIFICATION OF INSECTS CONTAINED IN FLINT.

To the Editor of THE LANCET.

SIR:—As the manipulations of Mr. Andrew Crosse have excited much attention, probably the following account of his recent dicoveries may interest your readers. They are detailed in a letter to Mr. Stutchbury, of Bristol. It will be perceived that Mr. Crosse in his experiments employed silex alone, but it will, doubtless, be found that insects, similar to those which he has described, are contained in other minerals.

"The following is an accurate account of the experiments in which insects made their appearance:—

"*Experiment the First.*—I took a dilute solution of silicate of potash, super-saturated with muriatic acid, and poured it into a quart basin, resting on a piece of mahogany, and a Wedgwood funnel, in such a manner that a strip of flannel wetted with the same, and acting as a syphon, conveyed the fluid, drop by drop, through the funnel upon a piece of somewhat porous Vesuvian red oxide of iron, which was thus kept constantly wetted by the solution, and across the surface of which (by means of two platina wires connected with the opposite poles of a voltaic battery, consisting of nineteen pairs of nine-inch plates, in cells filled with water and 1.500 muriatic acid) a constant electric current was passed. This was for the purpose of procuring crystals of silex. At the end of fourteen days I observed two or three very minute specks on the surface of the stone; they were white, and somewhat elevated. On the 18th day, fine filaments projected from these specks, or nipples, and the whole figure was increased in size. On the 22nd day, each of these figures assumed a more definite form, still enlarging. On the 26th day, each assumed the form of a perfect insect, standing upright on four or five bristles, which formed its tail. On the 28th day, each insect moved its legs, and, in a day or two afterwards, detached itself from the stone, and moved at will. These insects have been seen by many of my friends, and appear, when magnified, very much like cheese mites, but they are from twice to eight times the size of mites, some having six legs, others eight. They are covered with long bristles, and those which are at the tail are, when magnified, seen to be spiney. After they have been born some time they become amphibious, and I have seen them crawl about on a dry surface.

"*Experiment the Second.*—I took a saturated solution of silicate of potash, and filled a small jar with it, into which I plunged a stout iron wire, connected with the positive pole of a battery of twenty pairs of cylinders,

filled with water alone, and immersed in the same a small coil of silver wire, connected with the *negative* pole of the same battery. After some weeks' action gelatinous silex surrounded the iron wire, and, after a longer period, the same substance filled up the coil of silver wire at the other pole, but in much less quantity. In the course of time one of these insects appeared in the silex, at the negative pole, and there are, at present, not less than three well-formed, precisely similar, insects at the negative, and twelve at the positive, pole; in all, fifteen. Each of them is deeply imbedded in the gelatinous silex, the bristles of its tail alone projecting, and the average of them are from half to three quarters of an inch below the surface of the fluid. In this last experiment we employed neither acid, nor wood, nor flannel, nor iron ore."

The vivification of these insects is, doubtless, to be attributed to the agency of the electric fluid; but the species to which they belong, the period of their generation, and the influence which electricity had in developing their existence, are questions which deserve much and deep consideration. Electricity has been too little studied. Its effects on organic life, its agency in supporting animation, and its effects on the nervous system,—these things combine to form a field of inquiry which has been too little explored. But inasmuch as electricity is a science which materially affects the constitution of man, it is one which deserves the attentive investigation of every medical practitioner. I am, Sir, your's truly,

E. J. Hytch.

New-court, Carey-street,
8th Feb. 1837.

North London Hospital.—*To the Editor*

Sir:—At the commencement of the Session a notice was posted up at the "North London Hospital" saying, that clinical lectures would be given weekly by the physicians and surgeons, which promise has been faithfully fulfilled by the physicians, especially Dr. Elliotson, and by Mr. Liston. But Mr. Cooper has not given a clinical lecture since the middle of December. Why, also, does not Mr. Quain, who is one of the professors of clinical surgery, give an occasional lecture? He has lately had a very interesting case of hernia. I think it would be a good time for him to make some remarks upon the case, as most of the students of the hospital were present at the operation, and at the post-mortem examination. I remain, your most obedient humble servant,

H. Jones.

North London Hospital,
Feb. 2nd, 1837.

THE LANCET.

London, Saturday, February 11th, 1837.

The motion for the appointment of a Select Committee to inquire into the medical treatment of the sick poor in the parochial Unions of England and Wales, stands for Tuesday, the 21st of February. Another motion, having for its object the appointment of a Select Committee to inquire into the whole of the administration of the Poor-Law Amendment Act, is appointed to come on on Monday, the 20th inst.,—one day previously to the motion relating to the *medical* inquiry. But, inasmuch as the latter motion has been set down for a day when "orders of the day" take precedence of "motions," the discussion regarding the *general* inquiry must be postponed, and cannot possibly be brought on until the motion for the medical investigation has been submitted to the House. Mr. Wakley has been requested by several Members who are hostile to the Poor-Law Amendment Act, and who are, on that account, desirous of going into a *general* investigation, to abandon his motion on the day above-named, and allow the discussion on the *general* to precede that on the *medical* investigation. Considering all the circumstances of the case, and the many evils which are alleged to arise out of the present system, he has felt it to be his duty to decline yielding a compliance to these entreaties. The consequence of his refusal, however, may be, that the motion for the *general* inquiry will be moved as an amendment on the motion for the medical investigation,—a course of proceeding which may place several members of the House who are most desirous that the medical inquiry should proceed without delay, to vote in favour of the *amendment*, against the original motion, and thus be apparently guilty of defeating an effort which it is their undoubted object to support. Should the amendment be carried,

the medical will then form a part of the general investigation; and it must not be understood that Mr. WALTER, the Member for Berkshire, who is seeking to promote a scrutiny into the whole of the effects which have resulted from the operation of the new law, is in any respect hostile to proceeding with the medical branch of the inquiry. Hence, the two Members by whom the motion and the amendment may be proposed will have, in the first instance, to vote against their own propositions, because both are friendly to the general as well as the partial investigation which it is proposed to make into the effects of the new law upon the general condition and welfare of the necessitous population of this country. It is right that this explanation of the terms of the motions now on the books of the House of Commons should be submitted to the profession, lest, from the apparent contradiction or opposition which the circumstances attending them seem to indicate, it may be inferred that there are antagonizing forces at work, when, in reality, there are none, and that the hopes of the profession and the poor, regarding the medical contracts in the Unions, are about to terminate in a feeling of gloomy disappointment.

Without branching out into a field of research which, possibly, cannot be explored without many months of labour, the duty of the members of the medical profession is clearly marked out on this occasion. They ought, by every means in their power, to promote the success of the steps which are about to be taken to obtain the success of an investigation into the medical treatment of the sick poor in the Unions. By petitioning, by acting with energy and in unison, they may at this time contribute to effect one of two important results. They may either secure, without the chance of failure, the medical investigation alone, or render the *medical* the *first* part of the *general* inquiry,—that is, should the amended motion of Mr. WALTER be adopted by the House. Petitions, therefore, from the medical body should be presented to Parliament without delay. It is not necessary, in order to make the work of petitioning effective, that medical practitioners should meet in large numbers, probably at great inconvenience to themselves, often at considerable distances from their homes; because, a petition signed by *one* person contributes more, in the proportion of the one signature which it contains, than a petition which contains twenty signatures. In other words, the petition signed by twenty persons is not *twenty* times as effective as a petition signed by one person. The House may be addressed on a piece of parchment, if it be at hand; or the petition may be written on a sheet of foolscap paper; and the form of the petition usually stands as follows:—

"To the Honourable the Commons of Great Britain and Ireland in Parliament assembled. The petition of ——— ———, [M.R.C.S., or L.A. Comp., as the case may be, if but one person sign the petition,] Sheweth,

"That your petitioner" (or petitioners) &c.

And then should be stated the nature of the grievances of which the petitioner has to complain, and the place, or the neighbourhood of the place, where he believes that the abuses have been practised, and the petition may be concluded thus:—

"Your petitioner (or petitioners) therefore earnestly hopes that your Honourable House will cause an inquiry to be instituted into the means which have been provided for the medical treatment of the sick poor in the parochial Unions, or adopt such other proceedings as, to the judgment of the House, may seem best fitting; and, as in duty bound, he will ever pray, &c."

The name should be signed at full length. Short petitions of this description may be forwarded by post to members of Parliament, without expense, that is, if the envelope be inscribed with the words "Petition to the House of Commons," and left open at both ends, or sent, if written on a sheet of foolscap paper, in the form of a letter, under one ounce in weight. This work of petitioning should be commenced and proceeded with *instantly*, and the success which attended petitioning last year, in promoting the enactment of the Medical Witnesses Bill, holds out an encouragemen

which ought to operate strongly on the views and feelings of the profession. Should there be no additional petition on the subject of the proposed medical inquiry, it is not at all probable that the motion for the appointment of a Select Committee will be rejected; but then it should be recollected, that if petitions are forwarded to members of the House of Commons, it may induce those gentlemen to sympathise with the sufferings and persecutions of aggrieved parties in a manner and to an extent which may find no parrallel in the absence of such exciting causes as the petitions of influential constituents. Besides, the mode of presenting such petitions, the expressions which may fall from members who present them, may indicate to the House by whom the motion for the appointment of such a Committee will be regarded in a friendly, and by whom in a hostile spirit. Probably there are not, at this moment, in the entire House of Commons, thirty members who think that the *medical* investigation is necessary, and possibly there are not sixty who will support the motion for the general investigation. Yet it is to be hoped that out of respect for the profession, and, what is of still more importance, out of a humane regard for the welfare of the necessitous and miserable paupers who are afflicted with disease, that the motion for appointing a Committee to go into the medical scrutiny, will be received with favour by the House. We ought not, however, to commit our interests to others, or expose them to the mutations and inflictions of chance, without taking some pains, ourselves, to secure the aid of persons whose friendly disposition must be essential to our success and security.

There is, indeed, a matter of still greater importance than even the subject of petitioning Parliament. The profession will readily perceive that the mover for a Select Committe to inquire into an alleged abuse which has been widely extended throughout the parishes of England, incurs, by this proceeding, a heavy responsibility. First he has to show, by arguments and statements, that such an inquiry is needed; and, secondly, having caused a certain number of members of the House to be formed into a Committee to inquire into the truth of his allegations, he is called to sustain by evidence the assertions which he made in debate. After the Committee is formed there can be no shrinking from the fullest inquiry, inasmuch as the opponents of the investigation have an equal right to offer refutations of statements, as have the friends of the inquiry to produce the proofs of their inculpatory accusations. Before Select Committees of the House of Commons, no technical objections are raised to prevent the production of what is true, or shield or colour false and unfounded allegations. The member, however, who moves for the Committee is supposed to be most conversant with the facts of the imputed abuses which he has professed himself to be desirous of scrutinising. Upon him, therefore, generally devolves the production of the testimony by means of which his arguments can be sustained, and his statements of facts substantiated. If, then, it be of importance that petitions should be forwarded to members of the House praying for inquiry, it is of still greater importance that the profession should forward to the mover of the resolution for the Committee, as well as to other Members, their representatives in Parliament, precise accounts of the medical abuses which they have *known* to occur under the operation of the Poor-Law Amendment Act. It would be useless to forward vague and indefinite generalities, because information of a precise and circumstantial nature is required, the production of which is in every respect essential to the success of the labours of the Committee. It should, too, be recollected, that the persons who undertake this labour in the House of Commons have no pecuniary or personal interest in the matter, but proceed in the investigation for the twofold purpose of protecting the poor from torture and death, and the members of the medical profession from insult and robbery.

The evidence which must be adduced

before the Committee, may be comprised under the following heads:—

The extent of Unions stated in miles.

The number, or the probable number, of the whole population of the Union.

The exact or probable number of the pauper population.

The number of medical practitioners who attended the poor of the parishes comprised within the Unions, *before* the Poor-Law Amendment Act came into operation.

The amount of salary which was paid to those medical officers.

The names and addresses of those medical officers, describing whether they resided in or out of the parishes, the poor of which were attended by them.

Whether there is now a workhouse in the Union, and how many workhouses existed in the parishes before the Union was formed?

The name, or names, in full length, of the medical practitioner, or practitioners, by whom the poor within the Union are now attended.

What is the situation of the residence of the practitioner, relative to the distances which he has to travel in the Union?

Was he in practice in the Union before the machinery of the Poor-Law Amendment Act was introduced there?

What is the amount of his salary? Has he any perquisites?

Is it alleged that he has neglected his duty?

Has it been alleged that persons have suffered, have been severely injured, or have died, from the neglect or the ignorance of the practitioner, or from his incability of complying with the conditions of his contract?

The names and addresses in full, of the complaining parties, and as accurate a description as can be obtained of their accusations against the practitioner.

At what distance the residence of the surgeon is situated from the workhouse, or workhouses.

The date of the formation of the Union.

In addition to the above, surgeons who are resident in, or near, Unions must have become acquainted with many facts which it is of great importance that they should communicate to the Committee. Offers of assistance have already arrived, and at an early period we shall have to make honourable mention of some gentlemen who, during many months past, have been labouring in the most strenuous manner, to render the approaching inquiry complete for all the purposes which the friends of humanity and science design that it should accomplish.

INTERCEPTED LETTERS.

ADVICE TO A YOUNG LONDON SURGEON.

LETTER III.

"DEAR SIR:—I was obliged to finish my last letter abruptly, being summoned, as I stated to you, by her ladyship, to attend to family duties. I was also overwhelmed, I must confess, and bewildered, with the painful recollections of certain events of my intercourse with my late master Sir EVERARD, but I was compelled to go into these details, because my conscience dictated to me that I could not better apprise you of the difficulties which you might meet with in acting as a *private* assistant, than by candidly stating my own case. After I wrote to you I was haunted during the night with distressing dreams, not only of the great conflagration itself, (I mean the burning of the ten folio volumes), but of the succession of robberies which Sir EVERARD had committed during a series of years on JOHN HUNTER'S papers in the *Philosophical Transactions*, which Sir EVERARD put forth in his own name, without even alluding to the existence of such a being as HUNTER, and all of which have since been gathered into six quarto volumes! It may not be improper for me to tell you what the world in general have not yet detected regarding these six volumes, because it may be useful to you to know how individuals, even such men as myself, may be exposed to obloquy, by being in any way mixed up with the acts corporations. Public bodies may commit any act of guilt with impunity, no individual member suffering for the crime, provided only that they can keep their own secrets. Hence it is that all those by-laws of the council of the college, which are so universally condemned, reflect neither credit nor discredit on any individual, because we keep *our own secrets*, all of us being bound in our association with each other as members of the corporation, by the most upright, honourable, and moral feelings. Now you must know, that during the latter years of the lifetime of Sir JOSEPH BANKES, the late eminent president of the Royal Society, Sir JOSEPH was quite superannuated, and though rather weak-minded and vain, Sir EVERARD, who had always been his most humble servant, and made every possible use of him, now completely got possession of him by adulation and flattery. Sir EVERARD thus had every thing his own way, and completely managed the business of the Royal Society, and the worthy Baronet, my esteemed and benevolent friend, preserved this influence over Sir JOSEPH till near the close of his exemplary life; one great purpose for which he used it, was to exclude almost every paper on medical science, except some valuable ones of mine, and

those of a few other eminent men, who respected him sufficient to pay him homage, and to publish in the *Philosophical Transactions* every paper of his own, however trifling. He also continued to append to each of his own papers some most expensive and many very useless engravings; and with a view of rendering those engravings still further available to his own purposes, he managed to get hold of the coppers, which amounted to no less than sixty-eight, which he afterwards published as his own, and they were made to form one of the six volumes of the Baronet's works. I do not mean to say that any one *lost* by this transaction; still it was "sailing very close to the wind," and it is much better that it should not be generally known. At all events, my mentioning it to you will show you the difficult navigation I have had as an assistant, and the necessity for employing circumspection and caution, should you ever be obliged to engage in that capacity. When I referred you to the "Parliamentary Evidence," in order to satisfy you of the criminal conduct of Sir EVERARD, in committing the burnings and literary robberies of public property, I did not expect you to conjecture that in my printed evidence several of the questions put at my examination, and the answers to them, were erased from the manuscript when I had an opportunity of correcting it, though it was easy enough to draw my pen through some impertinent questions regarding Sir EVERARD's bust. It was, indeed, a daring step for the council of the College of Surgeons to place in the Hunterian Museum a bust of the very individual who had robbed JOHN HUNTER, and destroyed ten volumes of his valuable manuscripts to hide the plunder. But I had certainly nothing to do with *ordering* the bust, and it appeared to me a most imprudent and incautious measure. There, however, the bust is, and it is worth your looking at. I am no phrenologist, God knows, but pray examine the cranium. The knowing organs are fully developed; the reflecting organs are very moderate. Self-esteem and constructiveness very large; conscientiousness very small; secretiveness and acquisitiveness unusually large. The animal organs are beautifully developed, the space between the ears being very great, and his neck as thick as one of Meux and Company's dray horses.

"But I need dwell no longer on this subject, more particularly as the honour of giving the Hunterian oration on the 14th of February devolves upon me, when I shall have an opportunity of doing ample justice to JOHN HUNTER's memory, and saying just so much on the subject of the robbery and the destruction of ten folio volumes of his manuscripts, as I may think suitable to the occasion, and palatable to the enlightened portion of my hearers. (I do not allude to the subordinates.) I trust that I shall on that occasion not only give an impressive harangue, but acquit myself in a manly, straightforward, and upright manner. I cannot, indeed, be then more agitated than I have been while writing this and my former letters to you. I only hope that I shall not become a victim to any of those "certain nervous diseases" which you will find that I have so accurately described in a new book of mine, a copy of which allow me to present to you, and a review of which I have desired MACLEOD immediately to prepare for our journal. For the present farewell. Yours truly,

* *

"Sunday evening."

AWARD OF THE ROYAL MEDAL TO MR. NEWPORT.

To the Editor of THE LANCET.

SIR:—The notices in your two last Numbers on this subject, certainly call for inquiry into the circumstances and propriety of that award. The Royal Medals are public property, and should not only be awarded with judgment and justice, but, like woman's honour, so as to be above all suspicion.

It does not appear to me, however, that the insertion of Dr. Roget's name into "T. J.'s" communication, is either just, or warranted by any thing which has yet been made public. The award of medals is always preceded by the report of a committee formed of those members of the Council who are deemed the best judges in that department of inquiry for which the medal of the year is appropriated. By such report you will at once see that the other members of the Council must be guided. It is, therefore, incumbent on "T. J." to establish the fact, that the committee, in the present case, was composed of Dr. Roget only, or that Dr. Roget's influence was paramount in the committee.

On the propriety of that award, I offer no opinion, as the subject is one upon which my knowledge is literally nothing. When I see the names of Dr. Marshall Hall and Dr. Grant standing in opposition to it, I own it leads me to hesitate in approving it; but, at all events, should Mr. Newport's researches be less valuable than they have been considered to be by that committee, I *am sure*, that no member of the Council of the Royal Society has been actuated by other than proper motives in the award. I trust, however, that notice will be taken of this discussion in the proper place; and that, even if mistaken in their judgment, it will be satisfactorily shown, that there is NO taint upon the honour of the committee.

All this supposes the *truth* of the allegation, that Mr. Newport's researches are *not original*; but before we come to any conclusion on the subject, this is an element of the inquiry that *must* be established. In what way this is to be done, it is not my business to suggest; but were I to propose a plan, it would not be desultory and anonymous discussion in a periodical work. On the contrary, it would involve the production of a memorial, containing the proofs of the assertion, addressed to the President and Council of the Royal Society. Should this memorial be passed over by the Council without due attention, *which I am sure would not be the case*, then other measures would be requisite—and obvious, too.

In conclusion, I would remark, that it is generally understood, that this discussion is promoted by Mr. Kiernan, and his immediate friends, from a feeling of chagrin at the second medal only being awarded to him, while he deems himself to be entitled to the first. This is most unseemly on the part of Mr. Kiernan; and does little credit to his personal modesty, whatever credit his valuable paper on the liver may do to him as a physiologist.* Waiving all this, however, the matter is now in a state to call, imperiously, for explanation; and I sincerely trust, for the credit of the committee, as well as for individual justice, that this will be given. I am, Sir, your obedient servant,

F. R. S.,

(And not a member of the Council.)

London, Jan. 30, 1837.

UNIVERSITY COLLEGE.

To the Editor of THE LANCET.

SIR:—It is with reluctance that I make any complaint connected with this establishment, but the murmurs of the students are becoming louder every day, from the ineffective character of the lectures on practical surgery, which are delivered in the theatre of our College. How is it, we are all desirous of knowing, that Mr. Liston confines himself to delivering clinical lectures at the hospital, and never takes a share of the labour with Professor Cooper, by lecturing in the chair of surgery in the theatre of the College? If Mr. Liston feels disinclined to undertake this duty, we think he should be admonished by the Council of the College. The value of his practical information in surgery may be estimated by the fact, that his lectures in the hospital exceed, by four, five, and sometimes ten times the number of those who attend any other lectures. We all know that Professor Cooper is most anxious for the aid of the great talents of Mr. Liston, and I, amongst many others, think that we have a right to complain, when we know that the chair of practical surgery is only half filled in this establishment. In the history of surgery, Professor Cooper has probably no equal in point of information. In the practice and operations of surgery, it is doubtful if Mr. Liston has ever had his equal. The united labours of these gentlemen in the chair of surgery would, therefore, be productive to us of indescribable advantage. Trusting that the subject will be brought under the notice of the proprietors at the forthcoming anniversary meeting of the Council, I remain, Sir, your very obedient servant,

AN UNIVERSITY COLLEGE PUPIL.

Feb. 7, 1837.

* We deem it right to say, that so far as regards the authorship of the note signed "J. T.," or a knowledge of its authorship, Mr. Kiernan is unjustly made the object of these remarks of censure.—ED. L.

DR. WHITING.

Dr. Whiting begs to inform the Editor of THE LANCET, and the readers of his periodical, that on account of domestic affliction he has been hitherto precluded from taking notice of the extraordinary communication of a person who signs "SPRING SESSION," published in the No. dated 21st of January.

In reply Dr. W. observes, that the individual who wrote the communication is not a pupil of the class of the Materia Medica in Webb-street, and that this, setting apart other satisfactory evidence, is proved by the total ignorance he manifests of the circumstances of the change which has been made in the delivery of that course of lectures.

Dr. W. is principally induced to notice the communication because his silence may allow the falsehoods of this correspondent to lead to the supposition that his pupils have neglected their lectures, and that thus they have forfeited their certificates and hazarded their success. He therefore feels it necessary, *for their sakes*, to state, that instead of their being "dispersed" their attendance was numerous and exemplary during the time he had the pleasure of addressing them.

Dr. W. moreover begs to say, that the reasons for resigning the class into Dr. Dickson's hands were fully explained at the time the change took place, and that if these reasons had not been as fully approved by the class, Dr. Whiting would have continued his lectures to the end of the session.

Respecting the question of the "Concours" Dr. Whiting does not feel himself called on to give any opinion; but he may be permitted to take this occasion to remark, in justice to Mr. Grainger and himself, that the unsolicited offer to Dr. W. of the appointment of Lecturer at the School in Webb-street, which was made to him soon after the death of Dr. Armstrong, proceeded from

the wish of the pupils to avail themselves of his instruction, which wish was manifested by their entering in great numbers to his courses of lectures which he had been delivering in the neighbourhood of the school for some years prevously; and he may be permitted also to remark, that this choice seemed to be fully justified by the classes increasing at the school to a degree which rendered them as large, if not larger, than any others on the same subjects in London.

Any dislike which may have been *lately* engendered in the minds of the pupils, and its consequences, Dr. W. can attribute to false representations only, similar, in some degree, to those which have been made by the mendacious correspondent of THE LANCET. Such false representations Dr. W. thinks *may* have been industriously spread, and *may* have had their weight with the students, who have had no opportunity of judging for themselves, and *may*, moreover, have served the purposes of *individuals* whose object and aim respecting the *Webb-street School* must be obvious to the most superficial observer.

Kennington, Jan. 31st, 1837.

To the Editor of THE LANCET.

SIR:—It was with no ordinary degree of astonishment that, upon looking into your excellent periodical of two weeks back, I found a letter from a correspondent who calls himself "SPRING SESSION," in which Dr. Whiting is accused of having dispersed the Materia Medica class, and of his being "personally disliked" by his pupils. I should have taken notice of this last week had I not really expected one of his present pupils to stand forward in his defence. Mr. Grey has, indeed, written a letter to repudiate what is stated against Dr. Dickson; but instead of also scornfully rejecting the calumny which has been cast upon Dr. Whiting, he has endeavoured to confirm it. I have not at present the honour of attending Dr. W.'s lectures, but as every one else seems unwilling to come forward, I, as one of his *old* pupils, must trouble you to insert a few lines in your valuable journal.

It is nearly twelve years ago since Dr. Whiting commenced lecturing in the Borough, and for the first half of that period he had a private class, unconnected with any public school. When he joined the Webb-street School six years ago he had by far the largest class on the practice of medicine in the Borough, as Mr. Grainger will bear me witness; and instead of being "personally disliked" by his pupils, we gloried in flocking around him, and considered it not only a pleasure, but even a privilege, to attend his lectures; and I must confess that all the knowledge that I have obtained on the subject of medicine has been from his lectures and practice at the Surrey Dispensary. I have seen the Theatre at Webb-street as full on the occasion of his lecturing, as ever I saw it at Mr. Grainger's introductory lecture. No one whom I have spoken to on the subject can give me a satisfactory reason why he is "personally disliked." He always did, and I believe still does, every thing for the good of his pupils; but it is an astonishing fact that neither Dr. Bright nor Dr. Elliotson, the former of whom was the lecturer at *Guy's*, and the latter at *St. Thomas's*, could get up any thing worth calling a class for the first eight or nine years that Dr. W. lectured in the Borough. But how is it that Dr. Bright has now the largest class, unless it is owing to the prejudice which is imbibed by the pupils, from the officers of *Guy's Hospital*, against any one, and every one, who does not lecture at their own school? Had we not an instance of this, Sir, in what you stated a few weeks back? Pupils come up to town and enter at once to their anatomical lectures; but not being required to enter immediately to the practice of physic, they defer it for twelve months, during which time they have been to *Guy's*, and have been gulled to enter to *their* lectures.

Such, Sir, is, I truly believe, the simple and solitary reason of those who, forgetting the respect they owe to their lecturer and teacher, have taken upon themselves to criticise the conduct of one who, though at length ungratefully deserted by his class, formerly enjoyed a popularity and support of which no other lecturer on the practice of medicine could boast. But we are not to suppose "SPRING SESSION" to be a pupil of Dr. Whiting, else, it is to be hoped, he would have condescended to amuse himself with a humbler strain than that which pervades his letter. But perhaps the fact of his being one of Dr. W.'s class, as Mr. Grey affords us a most miserable example, would not prevent your worthy correspondent from presuming to injure the character of a gentleman who can well refute any charges which justice and candour could bring forward; but who will, I trust, treat with silent contempt the unfounded insinuations which a misguided prejudice may presume to affirm against him. By inserting this in your next you will confer a favour on your obedient servant

E. T.

City, Feb. 1, 1837.

To the Editor of THE LANCET.

SIR:—I confess myself rather surprised at observing a letter in your last week's Journal of so stupid a character. Because Dr. Whiting, or Dr. any body else, has not been able to draw a large class on Materia Medica, or the practice of medicine, is it a proof that the *Concours* are necessary? Absurd and ridiculous idea! Does the writer forget that Dr. Addison lectures on the above subjects, not one hundred miles from

Webb-street, and that until Mr. Grainger procures a better and more eloquent lecturer than Dr. A., the Webb-street lecture-room will remain comparatively empty? Are the young men who are to receive instruction the persons to choose their masters? Should we not have the lecturers pander and degrade themselves to the students? Besides, if the youths are qualified to judge of the merits of a lecturer, do they require instruction from that lecturer? If their knowledge extends so far as this, they can well do without lecturers. But there is not, perhaps, one conceited enough to imagine this to be the case, with the exception of your correspondent. I scarcely expect that these hasty lines will meet with insertion, being in this instance at variance with your opinions. Your obedient servant,

A COMPOUND OF GUY'S AND GRAINGER'S.

Library, Guy's, January 25th, 1837.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 28, 1837.

Dr. WILLIAMS, President.

DISEASES IN CHILDREN SIMULATING GONORRHŒA.

Mr. GREENWOOD detailed a case in which a little girl, ætat. five years, supposed to be ruptured, who came under his care, was found, on examination, to have the inguinal glands much enlarged and hardened, and a purulent secretion from the vagina, resembling that of gonorrhœa. No suspicion existed that the child's person had been abused. He mentioned the case because Sir A. Cooper had forcibly alluded to such affections in his lectures, in a medico-legal point of view, people having been unjustly hung under suspicion that they had violated children, the principal evidence against them being a discharge of this nature. He (Mr. G.) supposed it to arise from constitutional irritation, perhaps most frequent in scrofulous habits. He had seen another similar case. He had used for it the black wash, and small doses of calomel, with the greatest benefit.

Mr. PETTIGREW, jun. related two or three such cases; one he thought was caused by the little patient having walked a considerable distance, the discharge coming on immediately after.

Dr. WILLIAMS had seen two cases in point, one a child aged seven, the other somewhat older. The best proof that these cases were not gonorrhœa was the speedy cure of the symptoms with goulard water. What peculiarity of system gave rise to this affection?

Plenty of similar cases were stated to have been seen by another member, who said he had reason to suspect in some of the instances that violence had been inflicted by the hand, but we have not room for such wholesale experience without publishing an extra sheet.

THE INFLUENZA.

Dr. ADDISON related some cases in *Guy's Hospital*, in which the influenza had supervened on other diseases; one was a man convalescent from subacute rheumatism, without indication of heart affection. Two days after he was considered to be convalescent, pneumonia of the left lung appeared, and was subdued by depletion, calomel, and antimony; but then the right lung became inflamed, with severe inflammation of the pleura, covering the diaphragm on that side, and well-marked *risus sardonicus*. He was bled, cupped, and blistered, and took calomel and antimony. A question arose, whether the pain, which was very acute about the diaphragm, was the result of rheumatism, to which he had been subject; but he (Dr. A.) believed that the pneumonia was complicated with diaphragmitis, from having observed a fatal case in which the symptoms were similar. The first patient mentioned lived forty-eight hours after the attack on the right of the chest. On examination the left lung was recovering from its inflamed state, and the consolidation had been supplanted by an infiltration of serous fluid; the right lung was greatly hepatized, and there was inflammation of the pleura covering the diaphragm on the right side, and universal pericarditis, with great effusion. In this case influenza set in with pneumonia on the left side; that was partly subdued, and then the right side was attacked, accompanied with pleuritis and pericarditis, and the patient perished.

Other cases were related in which the influenza supervened with great severity on pneumonia and chronic diseases of the heart. As to the treatment of this affection Dr. A. thought that in good constitutions the patient should be kept in a regulated temperature, moderately purged, fed on slops, and prescribed diaphoretics; but even when bronchitis came on, and even in some cases where there was pneumonia, bleeding could not be safely employed. He had attended a very Hercules in form and strength, who had hot skin, furred tongue, great obstruction in breathing, with a livid face and lips, of the middle age, whom he was greatly disposed to bleed, but the pulse indicated that the muscular contractility was very weak. He was purged, took mercury and conium, afterwards calomel and opium, and got better. In extensive pneumonia and pleuritis, however, bleeding must be resorted to, and two cases had occurred to him in which it was found necessary to bleed several times. The patients recovered.

Dr. A. T. Thomson said, he had generally found, in simple cases, that a gentle emetic, followed by small doses of tartar emetic and calomel, keeping the patient in a graduated temperature, and not allowing the habit to fall rapidly, was the best plan of treatment. He had found the infusion of serpentaria the best tonic in the debility following the affection.

Dr. Addison said, that having mentioned at a former meeting that the influenza had been very severe and fatal in *Guy's Hospital*, supervening on other diseases, it was but just to state that this might be partly accounted for, by the fact of patients being admitted into the hospital without any recommendation, the worst cases being always received. Patients had even died before the physician had time to see them.

Dr. Williams mentioned the case of an old gentleman in whom the affection supervened on chronic bronchitis and disease of the heart, and whose difficulty of breathing was so great, that he lay for some hours between life and death. In this case a large blister, with a stimulating expectorant, relieved him. He (Dr. W.) had found the infusion of cascarilla a very useful tonic in the subsequent debility. There was great variability of pulse observed in many. In some instances it was at first hard, quick, and full; in a few hours it became quite the opposite, the state of irritation existing only for a short time.

Dr. Addison had noticed the quick, throbbing pulse. It appeared indicative of a laboured performance of the function of the heart, and not of the necessity for bloodletting. Regarding the apparently urgent symptoms in the commencement of this affection, he thought that both the profession and the public required some further acquaintance with their nature. He had been called last Saturday to see a lady whose breathing was greatly oppressed, and whose nights were sleepless. The pulse was firm and throbbing. He was against depletion, though the anxiety of the friends was almost enough to induce any practitioner to adopt some more active means than he employed. A consultation on the case was held with Sir H. Halford, and although the patient could not be doing better, yet such was the adverse charm of a "consultation," that he lost his patient. He therefore spoke feelingly on the subject of anxiety for influenza patients.

Mr. Costello having had an attack, described his symptoms.

Dr. J. Johnson said he had observed that in most cases the head was chiefly affected. In some instances the disease had commenced with insanity. One gentleman was so bad, that he was on his way from the country to a mad-house in town, attended by a keeper and friend. The insanity, however, left him on the road, and he was then [illegible] hours. He [illegible] from inability to exp[illegible]

Mr. Ure.—Hippocrates [illegible] seventh book, that an epidemic r[illegible] his time, in which the head was chiefly affected. In 1675 Sydenham mentions that an epidemic prevailed in which the chief symptoms observed were great pain in the head, neck, and loins, with cough. Treatment similar to that used in the present epidemic was successful. In 1775 another attack was described, by Dr. W. Grant, unusually fatal in its effects, carrying off all weak persons, and persons suffering from organic disease. In 1775 and in 1782, in which year there was also a similar epidemic, the barometer was low. This month, (January, 1837), it had been pretty high. These epidemics, like the cholera, had set in with a south-east wind, which was, perhaps, cooled by passing over the continent.

Dr. J. Johnson remembered a remarkable and very fatal epidemic which spread over Europe and America in the winter of 1803. It began in the east and set in the west. Most epidemics took that course; that of 1833 did, but the present went in an opposite direction.

Dr. Thomson said, that the epidemic of 1803 bore depletion better than the present one, the inflammatory symptoms being severer, and the affection more difficult to manage. The winter was very damp. Dr. Baillie remarked to him on one occasion at that time, that "a green yule made a fat kirk-yard."

Dr. Williams had noticed many relapses of the affection; indeed, it sometimes assumed the character of intermittent fever, the slightest exposure to cold bringing on a fresh attack.

MEDICO-BOTANICAL SOCIETY.

January 11, 1837.

Mr. H. Cope in the Chair.

MEDICINAL PLANT OF BRITISH GUIANA.—EPIDEMIC HOOPING-COUGH.

Dr. John Hancock supplied a paper this evening, on the *Coro-oratti* of British Guiana, and its uses by the natives. This plant belongs to the natural order *Drymyrrhizeæ* of Decandolle, a large and very elegant herbaceous perennial, growing in sandy soils, on the sides of hills and ravines. It is a species of alpinia; but whether it be new, or the *A. exaltata* of Meyer, is uncertain, for great confusion prevails throughout this natural family of plants. Aublet, and, since him, all other botanists, have, strangely enough, referred the Arabian costus to a very

any of the
of the Arabian
colonies to form an aci-
ing drink," in fevers and gonorrhœal inflammations. These, and other instances noticed, showed the importance, the author thought, of attending to the vernacular or native names, which are too much slighted by those who go in search of new plants. The plant in question is bitterish, piquant, and sub-acrid. The root, leaves, and fruit, are all held in high esteem by the natives for their medicinal properties, being with them a sort of panacea, as is the ginseng amongst the Chinese and Tartars, though the fruit is chiefly valued on account of its fine purple dye. A strong infusion of the bruised root, which is diaphoretic, diuretic, and, in large doses, emetic, is used in dropsies, rheumatism, dysentry, fevers, colic pains, hooping-cough, &c. In the latter disease a convincing proof was adduced of its great efficacy in a large family, all of whom were speedily cured by taking an infusion and syrup of the root. The residence of this family was far distant from the settlement, in the woods of Pomeroon, and having no communication whatever with any one infected with the disease. This was regarded by the author as one evidence of the epidemic origin of hooping-cough, or, that it is propagated by a peculiar condition of the air, rather than by contagion. In dropsy the natives both take the root internally and cover the parts affected with the leaves, and not unfrequently they envelop the whole body with them, which brings on a profuse perspiration, which often leaves them quite free from their complaint. In cases of poisoned wounds, the bruised root is laid on the part, and its decoction is taken internally. Dr. HANCOCK remarked on our remedial practice in dysentery and hooping-cough, and urged it as a matter of the utmost importance to procure perspiration, especially by the use of external stimulants, the vapour-bath, and diaphoretic ptisans, with topical or general bleeding, as the case might require.* Such means, without incommoding the stomach, roused the absorbents into action, and by exciting the exterior surface, inclined the fluids thither, and thus, by revulsion, relieved internal congestions with more certainty than any other method, and, often, indeed, when internal remedies alone would be utterly useless. The paper concluded by remarking on the propriety of attending to the indigenous remedies of the country, the importance of which had been well illustrated by the learned President, Earl Stanhope, in his discourses before the Society; and the author could not doubt, that much advantage might be gained from the external application of large leaves of certain plants of this country, in a similar manner to those mentioned above, as for, instance, the clenopodium, rumex, arum maculatum, &c., in aid of internal medicaments.

* The same practice as he had found most beneficial in the present epidemic.

COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

ROYAL COLLEGE OF SURGEONS IN LONDON.

1. The Hunterian Oration will be delivered by Sir B. C. Brodie, Bart., at five o'clock in the afternoon of the 14th February. Members of the College will be admitted until the commencement of the Oration.

2. The Museum will be opened to the members only, for that day, and on the 1st of March to the members and the public generally.

3. The library will be opened on the 15th of February to members and visitors, as usual, from ten until four o'clock, (Sundays excepted); and a reading-room for members only from seven until ten o'clock in the evening on Mondays, Wednesdays, and Thursdays.

(By order) EDMD. BELFOUR, Secretary.

*** Tickets of admission will be delivered to members between the hours of twelve and three until Saturday, the 11th of Feb. inclusive, upon written or personal application to the Secretary at the College.

FINSBURY REFORM DINNER.

A PUBLIC DINNER will be given to Mr. WAKLEY, M.P., in the Great Assembly Room of the White Conduit Tavern, on Wednesday next, February 15th, 1837, in Celebration of the Victory gained for the cause of Reform by the return of that Gentleman to Parliament as Member for the Great Metropolitan District of Finsbury; on which occasion the following distinguished Members of Parliament have accepted invitations to attend:—

J. T. LEADER, Esq., M.P., in the Chair, J. Brotherton, Esq., M.P.—W. Ewart, Esq., M.P.—J. Fielden, Esq., M.P.—Benj. Hall, Esq., M.P.—D. W. Harvey, Esq., M.P.—B. Hawes, Esq., M.P.—J. Hume, Esq., M.P.—Sir W. Molesworth, M.P.—D. O'Connell, Esq., M.P.—J. A. Roebuck, Esq., M.P.—Col. P. Thompson, M.P.—R. Wallace, Esq., M.P.—Sir S. B. Whalley, M.P.—W. Williams, Esq., M.P.

Tickets may be had of the Stewards, Electors residing in Finsbury, fifty in number; of the Treasurer, 145, St. John Street-road; of the Honorary Secretary, 46, Baldwyn-street, City-road; and at the Bar of the White Conduit Tavern.

Dinner is ordered at Four o'Clock for Five, precisely.

JAS. G. WINN, Hon. Sec.